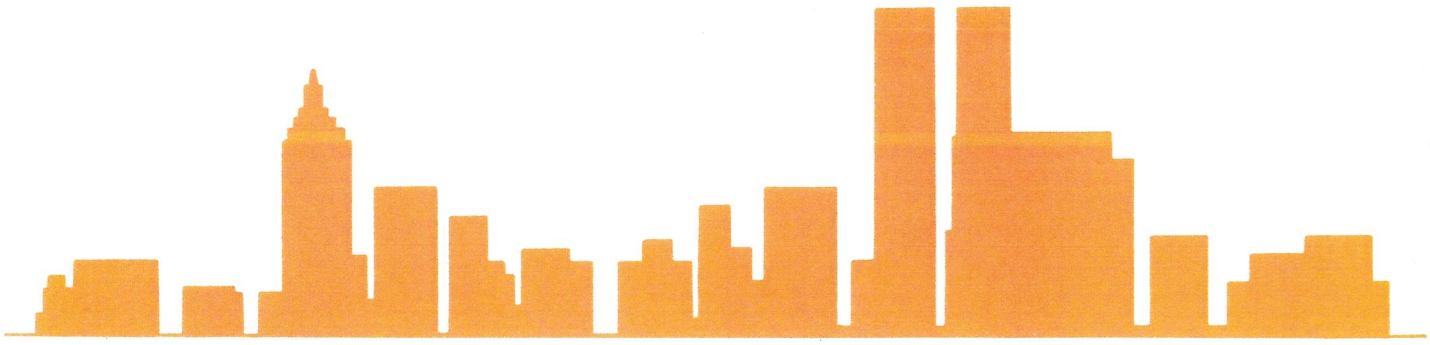
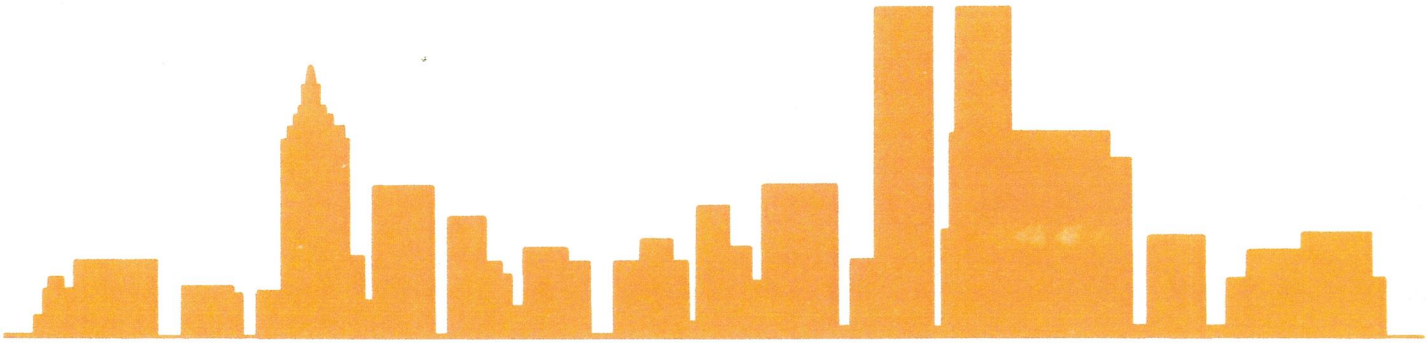
NEW YORK CITY
EMPLOYEE BENEFITS PROGRAM



SUMMARY PROGRAM DESCRIPTION



YOUR CHOICE OF HEALTH PLANS, TRANSFER PERIOD AND ENROLLMENT INFORMATION

The City of New York Office of Municipal Labor Relations, Employee Benefits Program

December 1987–January 1988

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

December 1987

Dear Fellow City Employee:

The cost of obtaining medical care has continued to increase dramatically. The City realizes the adverse impact that these higher costs have on its employees, retirees and their families, and we are committed to providing high quality health care.

In addition to the improved selection of health plans offered last year, we have added three additional plans: Total Health, Sanus and WellCare for a total choice selection of 14 plans. Some of the fourteen plans are not available to everyone but whatever plan you choose, most, if not all, of the cost for the basic plan is paid by the City of New York. If you wish additional benefits, an optional benefits rider can be purchased. Most of these plans are designed to pay in full most covered medical expenses when you use participating medical groups and health care providers.

The information contained in this booklet describes the benefits available under each plan and provides important details concerning enrollment, eligibility and other general information regarding your benefits program. Please take the time to read this information carefully; it will allow you to make an intelligent decision as to which City health insurance plan best meets your needs.

I wish you and your family years of good health.

Sincerely,

Edward I. Koch
MAYOR

TABLE OF CONTENTS

GENERAL INFORMATION

The City of New York is proud to offer a comprehensive and complete program of health benefits to its employees, retirees and their dependents. Through collective bargaining agreements, the City and the Municipal Unions have cooperated in the design of the benefit packages available to you. Additional plan choices will be available, to be effective the first day of the first full payroll period in April, 1988. For retirees the effective date is April 1, 1988. The plans are described in detail in this booklet along with the current plan choices.

The City's Employee Benefits Program provides health benefits to approximately one million lives and has annual premiums over $635 million—making New York City the largest purchaser of employee health services in the Greater New York area. The program is administered by the Mayor's Office of Municipal Labor Relations, and continues to receive a strong mayoral commitment to provide the finest available health care coverage.

This booklet is designed to provide you with information that will allow you to make a decision as to which program will best meet your needs. Employees and retirees may choose from the following plans:

1. Group Health Incorporated—Comprehensive Benefits Plan/ Blue Cross (GHI-CBP/Blue Cross)
2. Group Health Incorporated—Type C/Blue Cross (GHI-Type C/ Blue Cross)
3. Empire Blue Cross and Blue Shield HEALTHNET
4. Health Insurance Plan of Greater New York/Health Maintenance Organization. (HIP/HMO)
5. HIP CHOICE
6. Maxicare
7. Sanus
8. TOTAL HEALTH
9. US Healthcare
10. Med-Team (DC 37 members only)
11. Med-Plan (New transfers must be Health and Hospitals Corporation (HHC) employees or non-Medicare eligible retirees of HHC)
12. Metropolitan Health Plan (HHC employees and non-Medicare eligible retirees of HHC)
13. Mid-Hudson Health Plan (covers up-state New York counties)
14. WellCare (covers up-state New York counties)

Under the City's health insurance program the full cost of the basic plan for GHI Type C/Blue Cross, GHI-CBP/Blue Cross, HIP/HMO, Med-Plan, Med-Team, and Metropolitan Health Plan is paid for by the City. Maxicare, US Healthcare, Blue Cross HEALTHNET, HIP CHOICE, Mid-Hudson Health Plan, Sanus, TOTAL HEALTH and WellCare require payroll deductions for the basic plan (please consult the rate charts in this booklet for the exact amounts). For all plans, additional benefits may be obtained through optional benefits riders purchased through payroll or pension deductions.

We urge you to read this booklet carefully and choose your benefits wisely. Unnecessary use of health insurance could lead to future limitations of benefits due to rising costs.

It is our hope that you and your family will enjoy excellent health and have little reason to use the services available through these programs. Should the need arise, however, you may be assured that the City of New York Employee Benefits Program will be there to meet your needs.

ENROLLMENT INFORMATION

ACTIVE EMPLOYEES

Enrollment

If you are an active employee, you may enroll in the City Employee Benefits Program if:

a) You work—on a regular schedule—at least 20 hours per week; and

b) Your appointment is expected to last for more than six months.

How To Enroll

To enroll, you must obtain and file a Health Insurance Application Form (EB88) at your payroll or personnel office. The form should be filed within 31 days of your appointment date. If you do not file the form on time, the start of your coverage will be delayed and you may be subject to loss of benefits.

Dependents Eligible for Enrollment

- Husband and Wife.
- Unmarried children under age 19. The term "children" includes any legally adopted child, any stepchild who resides in your household and any child supported by you or your spouse who permanently resides in your household.
- Unmarried dependent children—age 19 to 23*—who are full-time students. This applies to all plans except Blue Cross hospitalization which is available as part of the optional rider through GHI-CBP.

*Blue Cross HEALTHNET, Mid-Hudson, and WellCare provide full-time student coverage to age 25.

- Unmarried children age 19 and over who cannot support themselves because of mental illness, developmental disability, mental retardation, or physical handicap are eligible for coverage if disability occurred before the 19th birthday. You must provide medical evidence of disability. Contact the health carriers or your agency personnel or payroll office for the forms which must be completed for continuation of coverage.

When Coverage Begins

a) For Provisional employees, Temporary employees, and those Non-Competitive employees for whom there is no experience or education requirement, your coverage begins on the first day of the pay period following the completion of 90 days of continuous employment, provided that your Application Form (EB88) has been submitted within that period.

b) For all other employees, your coverage begins on your appointment date, provided that your Application Form (EB88) has been received by your agency personnel or payroll office within 31 days of that date.

c) Coverage for eligible dependents listed on your Application Form (EB88) will begin on the day that you become insured.

RETIREES

Enrollment

You are eligible for health insurance coverage for yourself and your eligible dependents when you retire if:

a) You have five years of credited service as a member of a pension system. (This requirement does not apply if you retire because of accident disability); and

b) You have been employed by the City (or City-related agency) or the Board of Education prior to retirement and have worked regularly for at least 20 hours per week; and

c) You receive a pension check from a retirement system maintained by the City.

You must file a Health Insurance Application Form, P2r, at your payroll or personnel office prior to retirement to continue your coverage into retirement.

If you have already retired and wish to enroll, you must obtain a Health Insurance Application Form P2r from the Employee Benefits Program. Complete the form and file it with the Employee Benefits Program.

DOUBLE CITY COVERAGE IS NOT PERMITTED

You cannot be covered by two health insurance contracts for which the City pays or to which the City contributes.

If you are eligible for coverage as an employee or retiree and as a dependent (of another City employee or retiree), you may enroll as an employee or as a dependent, but not both. Eligible dependent children must all be enrolled as dependents of one parent.

If both husband and wife are elibible for City health insurance as either employees or retirees and one is enrolled as the dependent of the other, the person enrolled as a dependent may pick up coverage in his or her own name if the other contract is terminated for any reason.

WAIVER OF HEALTH INSURANCE BENEFITS

If you do not want City health insurance benefits, you may waive them by checking the waiver of membership box on the EB88 (actives) or P2r (retirees) form and signing the authorization at the bottom. (Form EB1801 "Waiver of New York City Health Insurance Benefits" is no longer used).

Every eligible employee must either enroll for or waive their health insurance coverage.

HEALTH INSURANCE TRANSFER PERIOD DECEMBER 1987–JANUARY 1988

The Health Insurance Transfer Period begins December 1, 1987 and ends January 31, 1988.

During this period employees and retirees have the opportunity to transfer from their present health insurance coverage into any other City health plan in which they are eligible or add optional benefits rider coverage to their present plan. Active employees may change their health plans annually during the transfer period. Retirees participate in the employee transfer period in even-numbered years. (Since part of the present transfer period falls in an even-numbered year, retirees may participate.) Retirees may also transfer once in their lifetime, at any time during the year, after they have been retired for at least one year.

Please review your plan benefits. If your current coverage does not meet your needs and those of your family, now is the time to change your health insurance plan. This Summary Program Description has been designed to help you compare the benefits of your present plan to the other plans for which you are eligible.

Three new health plans are being offered in this transfer period and there are some changes in the current plans. Changes in current plans are highlighted under the Recent Benefit Changes section. Each plan has its own description and benefit outline in a separate section of this booklet.

Some of the health plan choices are restricted to persons living in certain geographic areas, affiliated with certain unions, or employed by or retired from a specific City agency. In addition, choice of some of the plans will result in payroll or pension deductions for part of the cost of the basic coverage.

For retirees or their dependents who are covered by Medicare, plan benefits often differ from those for active employees or those who are not eligible for Medicare. RETIREES WHO ARE MEDICARE ELIGIBLE OR WHO HAVE DEPENDENTS ELIGIBLE FOR MEDICARE SHOULD READ THE SPECIAL SECTIONS WITHIN EACH HEALTH PLAN DESCRIPTION CONCERNING BENEFITS FOR THOSE ON MEDICARE AND STUDY THE CHART ON PAGES 36 AND 37 BEFORE COMPLETING AN APPLICATION TO CHANGE HEALTH PLANS.

PROCEDURES FOR HEALTH PLAN CHANGES

Active Employees

In order to transfer from one plan to another or to add or delete optional benefits rider coverage you must complete a Health Insurance Application Form (EB88) which is available from your agency payroll or personnel office. This form must be completed and returned to your payroll or personnel office between December 1, 1987 and January 31, 1988.

All changes made by active employees will become effective on the first day of the first full payroll period in April 1988. Once you submit an Application Form (EB88), the transfer period is over for you and your transfer is irrevocable.

Retirees

Retirees who receive City pension checks and wish to change their choice of health plan may request a Membership Application (Form P2r) for this purpose by returning the postcard on the last page of this booklet to the Employee Benefits Program. All requests for forms received before January 31, 1988 will be honored and the transfers processed when the completed forms are received by the Employee Benefits Program.

Retirees of cultural institutions, libraries, or the Fashion Institute of Technology, and retirees who receive TIAA/CREF pensions who wish to transfer should contact their former employer for a Health Insurance Application Form (P2r). This form should be completed and returned to your former employer for processing.

All changes made by retirees will become effective April 1, 1988.

Important Reminder: Please note that the next transfer period will take place during the Spring of 1989 with the changes becoming effective in July 1989.

DEFINITIONS

To help you in understanding what you will read in this booklet, we have provided the following explanations of terms which you will encounter throughout this publication.

Co-Payment: An amount of money that patients must pay towards their medical bills for certain services covered by their health plan. (Example: $5.00 co-payment for each routine office visit).

Co-insurance: The portion, generally a percentage, of the allowance approved by the health insurance plan that is not paid by the insurer. Allowances are generally less than actual submitted charges. Example: GHI-CBP pays 80% (after the deductible) of a scheduled amount. The remaining 20% is the coinsurance.

Deductible: An initial payment for medical services for which patients are responsible *before* their health insurance plan will begin to pay for services. (Example: GHI yearly deductible of $100 per individual member).

Medicare Risk Health Plans: Medicare subscribers enrolled in Medicare Risk Plans can ONLY receive services through their Medicare plan. This means that if they use services outside of their health plan, Medicare will NOT pay for them nor will they be paid for through their plan. (Medicare risk plans: US Healthcare, HIP VIP, TOTAL HEALTH).

Health Maintenance Organization (HMO): An organized system of health care that provides hospital and medical services to its members. Individuals and/or families who choose to join a particular HMO can receive health care at little or no cost provided they use the HMO's doctors and facilities. HMO members choose a family physician (participating provider) from within their HMO physician network, and they must go through this physician for all medical services, referrals and non-emergency hospitalizations. If a physician from outside of the health plan is used *without a referral* from an HMO physician, the patient is responsible for all bills incurred.

Major Medical Benefits (HIP CHOICE, GHI-CBP): The portion of your health plan that partially reimburses health care services you receive from non-participating doctors. You must pay these doctors directly. The reimbursement is subject to annual deductibles and coinsurance (see definitions above).

Participating Providers: Medical providers who accept payment directly from health insurance plans. The patient pays a small co-payment, or nothing at all, when using these providers. Each plan provides members with a list of its participating providers.

Primary Care Physician/Family Doctor: The doctor who handles your basic health care needs, makes referrals to specialists, or for tests, and coordinates your overall treatment.

RECENT BENEFIT CHANGES

HIP VIP Program—Effective July 1, 1987, the HIP Medicare Supplemental Benefits Program is no longer available to retirees who became Medicare eligible on or after July 1, 1987. The only benefit program offered will be the new HIP VIP program (enrollees currently in the HIP Medicare Supplemental Program are allowed to remain in that program).

In exchange for comprehensive medical and hospital coverage plus special benefits such as prescription drugs and eyeglasses, enrollees in HIP VIP agree to obtain *all* their medical and hospital services through HIP. (See the HIP/HMO and HIP CHOICE sections for further details.)

Mid-Hudson Medicare Program—Effective April 1, 1988, Mid-Hudson Health Plan will allow enrollment of Medicare eligible retirees. (See the Mid-Hudson Health Plan section for further details.)

Maxicare and US Healthcare—Effective April 1, 1988, these plans will provide a prescription drug rider for Medicare eligible retirees. (See applicable plan section for further details.)

Maxicare—New Jersey—Effective April 1, 1988, Maxicare will have doctors in Bergen, Essex and Morris counties in New Jersey. Actives, retirees and their dependents are eligible to transfer to Maxicare New Jersey. (See the Maxicare section for further details.)

US Healthcare—Effective January 1, 1988, the US Healthcare Medicare risk contract *will no longer* be available to Medicare eligible retirees who reside in New Jersey. US Healthcare will only be offered to Medicare eligible retirees who reside in New York and Pennsylvania. Arrangements for transfer of New Jersey Medicare eligible retirees enrolled in US Healthcare to other City plans are being administered through the Office of Municipal Labor Relations' Employee Benefits Program.

SUBSTANCE ABUSE BENEFITS

Two major changes in the alcoholism benefits will take place effective January 1, 1988 for most city health insurance plans. The benefit changes are as follows:

First, due to a new legislative mandate, out-patient coverage will be extended to include drug abuse treatment as well as alcoholism. The current 60 out-patient alcoholism visits will become 60 out-patient substance abuse visits, which covers out-patient alcohol and drug visits combined.

Second, the current 5 out-patient visits allotted to the family member when the alcoholic is not in treatment, has been increased to 20. This benefit will apply to out-patient drug treatment as well as out-patient alcohol treatment.

Those health plans that are affected by this mandate are: Blue Cross HEALTHNET, Maxicare, US Healthcare, Med-Team, Mid-Hudson Health Plan, Med-Plan, Metropolitan Health Plan, Sanus, TOTAL HEALTH and WellCare.

HIP/HMO, HIP CHOICE, GHI-CBP/Blue Cross and GHI-Type C/Blue Cross will not implement these benefits until July 1, 1988.

Prior to the utilization of this new out-patient drug benefit, all City subscribers, *except for* employees of the Police and Correction Departments and employees in the Probation Officer title series, should contact their agency EAPs for appropriate case review, referral and follow-up. Employees of the Police and Correction Departments and those in the Probation Officer title series cannot utilize their agencies' EAPs or the Central EAP Referral Unit if they wish to use the out-patient drug benefit, but may instead self-refer to out-patient treatment facilities until further notice.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)— A FEDERAL MANDATE

Effective July 1, 1987, the City offers employees/retirees and their families the opportunity for a temporary extension of group health and welfare fund coverage at 102% of the cost in certain instances where coverage in the plan would otherwise end. This applies only to individuals who are not covered under any other group health insurance. This law does not effect Medicare eligible retirees or their Medicare eligible dependents.

All City group benefits including optional benefits riders as well as Welfare Fund benefits are available under COBRA continuation coverage.

New York City employees are eligible to continue coverage in their current health plan and their applicable welfare fund if they lose coverage because of: 1) Reduction of working hours; or 2) Their termination or resignation (for reasons other than gross misconduct).

Spouses of employees or retirees, under age 65 and not Medicare eligible, are eligible to continue coverage under their current health plan and their applicable welfare fund if they lose coverage because of: 1) The death of a spouse; 2) The termination of a spouse's employment or reduction in the spouse's hours of employment; 3) Divorce or legal separation from a spouse; or 4) While under COBRA continuation coverage for a family contract, a spouse becomes eligible for Medicare.

Eligible dependent children are eligible to continue coverage under their current health insurance plan for any of the following reasons: 1) The death of the covered parent; 2) The termination of the parent's employment or reduction of the parent's hours of employment; 3) While under COBRA continuation coverage for a family contract, the parent becomes eligible for Medicare; or 4) The dependent ceases to be a "dependent child" under the terms of the City Health Insurance Program contracts.

Under the law, the covered dependent must report any family related event to your agency payroll or personnel office within 60 days of the event to receive information on COBRA continuation. Families of retirees who are COBRA eligible should contact the Employee Benefits Program within 60 days of the event for information on COBRA continuation of coverage.

When an event such as termination of employment, or reduction of working hours occurs, employees will be notified by their City agency in person and/or by mail of their option to choose continuation coverage. Under the law, the employee has 60 days from the date the notice is received to choose continuation coverage. Payments of the initial premium must accompany the enrollment form opting for continuation. Payment shall be on a monthly basis. There is a 30-day grace period for subsequent payments.

If COBRA continuation coverage is chosen, the City will offer you the same coverage as that which is provided to employees, retirees or covered family members. COBRA eligibles are afforded the opportunity to maintain continuation coverage for a maximum of 36 months unless coverage was lost because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is a maximum of 18 months. This maximum period of continuation begins on the first day of the month following the month in which the initial qualifying event occurred, regardless of when any additional events may take place.

Under the law, the charge for continuation of coverage is 102% of cost. Also, at the end of or any time during the continuation period the covered person will be allowed to convert to a self-paid direct payment policy.

LAY-OFF LEGISLATION

Effective August 31, 1987, a new New York State Law has authorized the State Insurance Fund to administer a program to assist laid off workers (when the lay-off affects 50 or more City employees) in the payment of their health insurance premiums.

The program will provide up to four months premium or $500 (whichever is reached first) toward the payment of health insurance premiums.

If there is a mass lay-off you will be further informed of your right to this benefit.

NEW YORK STATE SIX-MONTH EXTENSION

The only situation in which COBRA will not be offered to terminating employees is in those cases in which the employee's termination is due to "gross misconduct." In this case only the New York State Six-Month Extension or conversion to direct payment will be offered.

The New York State Six-Month Extension is offered only to former employees, hired on or after January 1, 1986, enrolled in a GHI program and offers identical benefits at 100% of City cost.

If you have been terminated for reasons of "gross misconduct," are enrolled in GHI, and were hired after January 1, 1986, please contact your former agency's payroll, personnel or benefits officer for more information on the Six-Month Extension.

OBRA

Since 1981, Medicare has become the secondary payer of benefits for an increasing number of active employees and their dependents. This trend of making the City coverage primary and Medicare coverage secondary (TEFRA, DEFRA, COBRA) has continued with the signing of the Omnibus Budget Reconciliation Act (OBRA) into law. Under OBRA, the City's health plan becomes the primary payer for any disabled employee or dependent, regardless of age.

OBRA, effective January 1, 1987, allows any disabled employee or dependent of a City employee to elect the City's health program as primary coverage. Medicare coverage would become secondary. Active employees or employees with dependents covered by Medicare Disability may maintain secondary coverage through Medicare if they desire. Any individual electing Medicare coverage as primary coverage under this provision waives their right to coverage under the City's health program.

Note: There is one exception, if the disabled person is on dialysis, Medicare will remain primary, with City health insurance staying secondary. The employee should contact their present health insurance carrier to assure that their coverage remains this way.

COORDINATION OF BENEFITS

This amendment is to take effect January 1, 1988 and is intended to establish uniformity in the payment of claims when a person is covered by two or more benefit plans.

The primary plan must pay or provide its benefits as if the secondary plan or plans did not exist. The secondary plan may take the benefits of another plan into account only when it is secondary to that plan. The order of payments is determined by using the first of the following rules which apply:

1) The benefits of a plan which covers the person as an employee, member or subscriber are determined before those of a plan which covers the person as a dependent.
2) When a plan and another plan cover the same child as a dependent the child's coverage will be:
   - The benefits of the plan of the parent whose birthday falls earlier in the year.
   - If both parents have the same birthday, benefits of the plan which covered one of the parents longer.
3) If two or more plans cover a dependent child of divorced or separated parents, benefits are to be determined in this order:
   - The plan with the parent who has custody of the child.
   - The plan of the spouse of the parent with custody.
   - The plan of the parent not having custody.
   - If the specific decree of the court states one parent responsible for the health care of the child, the benefits of that plan are determined first.
4) The plan which covers an active employee before a plan which covers the employee as laid off or retired.
5) If none of the above rules determines the order of benefits, the plan which covered the employee, member, or subscriber longer will be considered the primary plan.

NYC HEALTHLINE

If you are a City employee or a City retiree, NOT eligible for Medicare residing in the tri-state area and enrolled in a GHI/Blue Cross health plan, *NYC Healthline* has been a part of your GHI-BLUE CROSS health benefits plan since December 1, 1986. NYC Healthline is a managed care program which was developed by the Employee Benefits Program and the City's Municipal Unions. If you or a member of your family is scheduled for certain office surgery, ANY outpatient surgery at a hospital or surgi-center, or ANY elective, non-emergency hospital admission (surgical, maternity, medical or pediatric), you MUST call NYC Healthline before the surgery or admission to maintain your full health insurance benefits. With the help of qualified health care professionals, NYC Healthline can help you make important health care decisions in managing your treatment and getting the most for your health care dollar.

The telephone numbers for NYC Healthline can be found on your Blue Cross and GHI Health Insurance cards. You only need to call the number that corresponds to the agency for which you work:

Active employees of the Health and Hospitals Corporation, the Board of Education, the City University of New York, and all persons covered by a COBRA conversion, call...

NYC Healthline telephone number: (212) 481-4214 in New York
(800) 433-6116 out of the area

Active employees of all other agencies and all NON-Medicare eligible retirees, call...

NYC Healthline telephone number: (212) 481-2183 in New York
(800) 331-7661 out of the area

Who Must Call NYC Healthline?

You MUST call NYC Healthline IF:

- You are a member of either the GHI-CBP/BLUE CROSS, or GHI-Type C plans,

  AND

- You are a City employee, or a City retiree who is NOT eligible for Medicare, or you are purchasing City coverage directly under COBRA continuation,

  AND

- You are a resident of the New York, New Jersey, Connecticut tri-state area,

  OR

- You are a dependent (under 19 years old) or spouse of such an employee or retiree.
- GHI health insurance plan is your primary coverage.

DO NOT CALL NYC HEALTHLINE FOR GHI CLAIMS OR MEMBERSHIP PROBLEMS.

Why Must You Call NYC Healthline?

A) TO HELP YOU MAKE INFORMED DECISIONS ABOUT YOUR OWN HEALTH CARE. In most cases, your Care Coordinator will approve your plan of care immediately, and pre-certify it for insurance payment. In other cases, alternatives may be available to you. Depending on your medical problem, you might benefit from a second surgical opinion, ambulatory surgery, pre-admission testing, or early discharge with home care. All you have to do is to remember to CALL NYC Healthline.

B) TO PRESERVE YOUR FULL HEALTH INSURANCE BENEFITS AND AVOID PENALTIES. In a non-emergency situation, it is *your responsibility* to call NYC Healthline. If you go ahead with a non-emergency hospital admission or certain office procedures *without first* calling NYC Healthline, your coverage will be reduced in one of *two* ways:

1) For any hospital admission, or ambulatory surgery in a hospital facility or a surgi-center, your Blue Cross coverage will be reduced by $250 per day up to a total of $500, and YOU will be responsible for that amount.

2) For certain procedures performed in a doctor's office (any surgery of the foot, nose, eye, tonsils, adenoids, breast, or knee, and any procedure to correct a hernia or varicose veins, e.g. sclerosing), your GHI coverage will be reduced by $500 or 50% (whichever is less), and YOU will be responsible for that amount.

When Must You Call NYC Healthline?

You MUST call NYC Healthline when:

- Your doctor schedules a non-emergency hospital admission (including maternity) for you or a covered family member and it is NOT AN IMMEDIATE EMERGENCY. (For maternity admissions as soon as the expected delivery date is known),

  OR

- Your doctor schedules any outpatient surgical procedure at a hospital facility or surgi-center,

  OR

- Your doctor schedules any of the procedures listed above in his or her office.

SOME IMPORTANT HEALTHLINE TIPS TO ALWAYS REMEMBER:

- You do NOT have to call NYC Healthline if the City policyholder has Medicare, or lives outside of the tri-state area.
- You do NOT have to call NYC Healthline in an *immediate* emergency. The hospital will call for you.
- If you are told to get a second surgical opinion, you *MUST* get it from one of the three specialists recommended by your care coordinator. After the second opinion is received, you *MUST* call NYC Healthline to inform them as to whether or not you will go ahead with the procedure. If you decide to go ahead with the surgery, it will be pre-certified during that phone call. To receive your full benefits, you *MUST* have this pre-certification.

PROGRAM DESCRIPTION

Brief summaries of the benefits of each of the available health plans appear on the pages that follow. They are presented so that it is easy to compare the benefits of different plans.

This Summary Program Description is for informational purposes only. The benefits are subject to the terms, conditions and limitations of the applicable contracts and laws.

HOW TO GET MORE INFORMATION

Each of the health insurance carriers has included its telephone number in this booklet. They will be happy to answer any questions you may have concerning the benefits they offer.

Active employees may direct questions concerning benefits, enrollment, or paycheck deductions to their agency personnel or payroll office. Each agency has an individual designated to handle health insurance matters.

Retirees may contact the Employee Benefits Program directly with questions about or problems with their health insurance benefits or pension check deductions for health insurance. Retirees writing to the Employee Benefits Program should always include the following information in their letters: Social Security number, identification or certificate number, Medicare numbers, names and dates of birth of yourself and your spouse, your telephone number, pension number and pension system, the name of the City agency from which you retired, your last Civil Service title, the name of your union or welfare fund (if any) and the health code or the amount currently being deducted from your pension check. The address and telephone number of the Employee Benefits Program appear below:

City of New York
Employee Benefits Program
110 Church Street—12th Floor
New York, N.Y. 10007
Phone: (212) 618-8300, 8326, 8327.

GHI-CBP/BLUE CROSS

GHI's Comprehensive Benefits Plan (GHI-CBP) allows subscribers the freedom to choose any physician or hospital worldwide. GHI provides two forms of coverage combined in one plan. Subscribers receive paid-in-full benefits when they choose care from one of GHI's participating physicians and other health care providers. GHI maintains a network of over 15,000 participating physicians in the New York metropolitan area and has many additional participating physicians and other health care providers throughout New York State and nationwide. All of these physicians and providers have agreed to accept GHI's allowances as payment in full. Covered services are paid directly to the provider. Home calls and office visits are subject to a $5 co-pay charge. Benefits provided by GHI participating providers are not subject to deductibles, coinsurance, or maximums.

When you are unable to use the services of a participating provider, GHI also covers the services of non-participating providers. Payment for these services is made directly to you under a Major Medical Schedule. They are subject to yearly deductibles ($100 per person, maximum $300 per family); a calendar year maximum ($100,000 per person); and a lifetime maximum ($1 million per person). Payment is made at 80% of the Major Medical Schedule. After $2,000 in coinsurance charges (reduced to $250 if you have the optional rider), GHI reimburses you at 100% of the Major Medical Schedule. Coverage for professional private-duty nursing, equipment, appliances, oxygen and hospitalization coverage in excess of your Blue Cross coverage, is only available as a Major Medical benefit.

Hospital benefits are provided by Empire Blue Cross and Blue Shield. Hospital benefits include, in addition to basic room and board in a semi-private room, reimbursement for the cost of administering blood transfusions and the payment of blood processing fees; up to 30 days of regular hospital benefits for mental and nervous disorders; coverage for substance abuse admissions for detoxification purposes; hospice care; emergency care; pre-surgical testing, out-patient alcoholism rehabilitation, and dialysis for kidney failure. Out-patient drug abuse rehabilitation will be covered effective July 1, 1988.

NYC HEALTHLINE

GHI-CBP enrollees must call NYC Healthline prior to a non-emergency admission or having certain procedures in a doctor's office. Failure to call NYC Healthline may result in a penalty of up to $500 from either your GHI or Blue Cross coverage. Subscribers and Medicare eligible retirees living outside the tri-state area are not required to call NYC Healthline. See page 6 for more detailed information on this important program.

Out-Patient Alcholism Treatment: To preserve your full health insurance benefits for out-patient alcoholism treatment, you must call your Employee Assistance Program (EAP), the City's Central EAP Referral Unit (212) 566-0103 or 0104, or your union counselling service for a referral letter; if you fail to do so, you will be subject to penalties.

If you need help finding your EAP's phone number, call NYC Healthline for assistance.

Note: Effective July 1, 1988, our out-patient drug abuse benefit will be introduced and combined with the current out-patient alcoholism benefit for a maximum benefit of 60 out-patient substance abuse visits. Prior to the utilization of this new out-patient drug benefit, all subscribers, *except for* employees of the Police and Correction Departments and employees in the Probation Officer title series, should contact their agency EAPs for appropriate case review, referral and follow-up. Employees of the Police and Correction Departments and those in the Probation Officer title Series cannot utilize their agencies' EAPs or the Central EAP Referral Unit if they wish to use the out-patient drug benefit, but may instead self-refer to out-patient treatment facilities until further notice.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL.

OPTIONAL BENEFITS RIDER

The GHI-CBP/Blue Cross program offers an optional rider for active employees and retirees under age 65 with these additional benefits: Prescription Drugs at 80% of reasonable and customary charges (subject to an annual $100 deductible, $300 per family); 365-day Blue Cross hospitalization; $250 maximum co-payment after the Major Medical deductible has been met (reduced from $2,000); alcoholism in-patient rehabilitation treatment and out-patient psychiatric care; Blue Cross coverage for unmarried full-time dependent students to age 23; and newborn well-baby care. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and the payroll deduction will be reduced accordingly. Prescription drug coverage and 365-day Blue Cross hospitalization benefits are also available as an optional rider for Medicare eligible retirees.

GHI-CBP MEDICARE

If you are Medicare eligible and retired, GHI-CBP supplements Medicare in the following manner for surgery and anesthesia, maternity care, in-hospital psychiatric care, specialist consultations (in-hospital), and shock therapy. GHI-CBP under the major medical portion of the GHI-CBP Medicare program, also covers prescription drugs, private-duty nursing, and hospital charges after your benefits have been exhausted in the optional benefits rider. Benefits under the major medical portion of the plan are provided to a maximum of $5,000. Thereafter coverage is limited to supplementary Medicare benefits only.

If the Medicare deductible has been met through any of the above services, GHI will reimburse you that deductible. GHI will also reimburse the 20% coinsurance not paid by Medicare for these services. GHI-CBP does not cover general medical care including home and office visits, out-of-hospital consultations, radiation therapy, diagnostic X-rays, laboratory tests, ambulance service, equipment, appliances, oxygen, and preventive care. Empire Blue Cross and Blue Shield of Greater New York will fully supplement Medicare for in-hospital services. Blue Cross will pay the Medicare in-patient deductible and coinsurance in full until the 90th day of hospitalization and then will pay 50% of the cost for a hospital stay to the 201st day. If the optional rider is purchased, hospital stays are covered in full for 365 days.

For additional information on the GHI-CBP/Blue Cross Medicare Program, see pages 36 and 37.

COST

There is no payroll deduction for the basic GHI-CBP/Blue Cross plan. The cost of the optional rider is noted on page 38.

For additional information call (212) 760-6808. GHI has a special Transfer Period phone number. Call (212) 760-6839.

GHI-CBP/BLUE CROSS

		Cost To You When using a GHI participating doctor	Cost To You When using a non-participating doctor
OUT-PATIENT CARE		$5 Co-payment per visit	*20% after deductible
PHYSICIANS' OFFICE VISITS		*Payment in full	*20% after deductible
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Payment in full	*20% after deductible
LABORATORY AND X-RAY SERVICES			
HOSPITAL CARE			
SEMI-PRIVATE ROOM AND BOARD		Covers 21 Full-180 Discount Days (additional coverage through the optional rider)	Covers 21 Full-180 Discount Days (additional coverage through the optional rider)
PHYSICIANS' AND SURGEONS' SERVICES		*Payment in full	*20% after deductible
GENERAL NURSING CARE		Covered in full	Covered in full
DRUGS AND MEDICATION		Payment in full	Payment in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		Payment in full	Payment in full
INTENSIVE AND CORONARY CARE UNITS		Payment in full	Payment in full
USE OF OPERATING AND RECOVERY ROOM		Payment in full	Payment in full
ANESTHESIA		*Payment in full	*20% after deductible
EMERGENCY CARE			
AMBULANCE SERVICE		Payment up to $75 (depending on mileage)	Payment up to $75 (depending on mileage)
IN DOCTORS' OFFICES		*Payment in full	*20% after deductible
HOSPITAL EMERGENCY ROOM		*Payment in full by Blue Cross	Payment in full by Blue Cross
URGENT CARE FACILITY		*Payment in full	*20% after deductible
PREVENTIVE CARE			
ROUTINE PHYSICAL CHECK-UP		Not Covered	Not Covered
ROUTINE PEDIATRIC (WELL-BABY) CARE		See optional rider	See optional rider
IMMUNIZATIONS		Not Covered	Not Covered
ROUTINE HEARING EXAMINATIONS		Not Covered	Not Covered
VISION CARE		Not Covered	Not Covered
MENTAL HEALTH CARE			
OUT-PATIENT	DRUG ABUSE	**Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment	**Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Covered in full at an Alc-Net treatment facility, covered 80% for non-Alc-Net JCAH approved facility—60 day combined annual maximum for drug and/or alcohol treatment	Covered in full at an Alc-Net treatment facility, covered 80% for non-Alc-Net JCAH approved facility—60 day combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	See optional rider	See optional rider
IN-PATIENT	DRUG ABUSE	Up to 14 days detoxification per admission if medically necessary; 30 day combined annual maximum for drug, alcohol and/or mental health treatment	Up to 14 days detoxification per admission if medically necessary; 30 day combined annual maximum for drug, alcohol and/or mental health treatment
	ALCOHOL ABUSE	5 days detoxification per admission; 30 day combined annual maximum for drug, alcohol and/or mental health treatment (See optional rider for additional benefits)	5 days detoxification per admission; 30 day combined annual maximum for drug, alcohol and/or mental health treatment (See optional rider for additional benefits)
	MENTAL HEALTH	*Physician: covered in full; Hospital: 30 days per year in a non-governmental general hospital (additional Major Medical $10,000 maximum per year, $20,000 lifetime maximum). 30-day combined annual maximum for drug, alcohol and/or mental health treatment	*Physicians—20% after deductible. Hospital: 30 days per year in a non-governmental general hospital, additional Major Medical: $10,000 maximum per year; $20,000 lifetime maximum. 30-day combined annual maximum for drug, alcohol and/or mental health treatment
MATERNITY CARE			
IN PHYSICIANS' OFFICES			
PRE-NATAL AND POST-NATAL VISITS		*Payment in full	*20% after deductible
IN THE HOSPITAL			
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Mother—Payment in full Newborn—Covered only if medically necessary	*Mother—20% after deductible Newborn—Covered only if medically necessary
NEWBORN NURSERY SERVICES		Not Covered	Not Covered
MOTHER'S HOSPITAL SERVICES		Payment in full by Blue Cross	Payment in full by Blue Cross
HOME HEALTH CARE			
HOME CARE SERVICES		Covered by Blue Cross	Covered by Blue Cross
HOSPICE CARE		Covered by Blue Cross	Covered by Blue Cross
SKILLED NURSING FACILITY		See Medicare coverage	See Medicare coverage
REHABILITATION			
PHYSICAL		*Payment in full—eight visit maximum per year	*20% after deductible—eight visit maximum per year
SPEECH		*Payment in full	*20% after deductible
PHARMACY SERVICES		See optional rider	See optional rider
FULL-TIME STUDENTS		GHI medical benefits—covered in full to age 23 Hospitalization through optional rider to age 23	GHI medical benefits—covered in full to age 23 Hospitalization through optional rider to age 23

NOTE: GHI Major Medical covers admissions for diagnostic studies, physical therapy, rehabilitation, and excess days not covered by Blue Cross.

***When Participating Physicians are used. When non-participating providers are used, Major Medical coverage applies; subject to a $100 deductible per person per calendar year; $300 maximum family deductible, allowance based on 80% of Major Medical schedule. After patient's out-of-pocket expense reaches $2,000, plan pays 100% of allowance on schedule; $100,000 annual maximum, $1 million lifetime maximum.**

****Benefit effective July 1, 1988.**

GHI TYPE C/BLUE CROSS

GHI's Type C Program is a plan that is usually recommended for Medicare eligible retirees. For non-Medicare eligible retirees, payment for physicians' bills are based on a schedule of allowances that has not been significantly improved since 1974. There is no deductible or coinsurance required. Benefits are available worldwide. Payments are made for diagnosis, general medical care, immunization visits, treatment of illnesses, allergy desensitization, and well-baby care.

	GHI Pays
Home Visit	$10
Office Visit	$ 7

Included in the benefit package are surgery and anesthesia, dental surgery, maternity care, in-hospital medical care, radiation therapy, specialist consultations, diagnostic procedures, X-ray examinations, lab tests, shock therapy, and intermittent nurse service in your home. Also covered are: ambulance services, private-duty professional nursing services, appliances, equipment, and oxygen (all of which have a $25 annual deductible and coinsurance).

Hospital benefits are provided by Empire Blue Cross and Blue Shield of Greater New York. Hospital benefits include: basic room and board in a semi-private room, reimbursement for the cost of administering blood transfusions and the payment of blood processing fees, up to 30 days of regular hospital benefits for mental and nervous disorders, coverage for substance abuse admissions for detoxification purposes, hospice care, emergency care, pre-surgical testing, out-patient alcoholism rehabilitation, and dialysis for kidney failure.

NYC HEALTHLINE

GHI Type C enrollees must call NYC Healthline prior to a non-emergency admission or certain procedures in a doctor's office. Failure to call NYC Healthline may result in a penalty of up to $500 from either your GHI or Blue Cross coverage. Subscribers and Medicare eligible retirees living outside the tri-state area are not required to call NYC Healthline. See page 6 for more detailed information on this important program.

Out-Patient Alcoholism Treatment: To preserve your full health insurance benefits for out-patient alcoholism treatment, you must call your Employee Assistance Program (EAP), the City's Central EAP Referral Unit (212) 566-0103 or 0104, or your union counselling service for a referral letter; if you fail to do so, you will be subject to penalties.

If you need help finding your EAP's phone number, call NYC Healthline for assistance.

Note: Effective July 1, 1988, our out-patient drug abuse benefit will be introduced and combined with the current out-patient alcoholism benefit for a maximum benefit of 60 out-patient substance abuse visits. Prior to the utilization of this new out-patient drug benefit, all subscribers, *except for* employees of the Police and Correction Departments and employees in the Probation Officer title series, should contact their agency EAPs for appropriate case review, referral and follow-up. Employees of the Police and Correction Departments and those in the Probation Officer title series cannot utilize their agencies' EAPs or the Central EAP Referral Unit if they wish to use the out-patient drug benefit, but may instead self-refer to out-patient treatment facilities until further notice.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL.

GHI TYPE C MEDICARE

If you are Medicare eligible and retired, GHI Type C supplements Medicare for home and office visits, surgery and anesthesia, dental surgery, maternity care, in-hospital medical care, radiation therapy, specialist consultation, diagnostic procedures, X-ray examination and laboratory tests, shock therapy and intermittent nurse service in your home (Visiting Nurse Service). Medicare pays 80% of the Medicare scheduled allowance and GHI Type C pays the remaining 20% both in and out of the hospital. If the Medicare deductible has been met through any of the above services, GHI will reimburse you that deductible. GHI will also reimburse the 20% coinsurance not paid by Medicare for these services. You are covered for home and office visits.

OPTIONAL BENEFITS RIDER

The program offers an optional rider with these additional benefits: prescription drugs at 80% of reasonable and customary charges (subject to an annual $100 deductible per person and $300 per family); and 365-day Blue Cross hospitalization. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and the payroll deduction will be reduced accordingly. See pages 36 and 37 for more information on the GHI Type C/Blue Cross Medicare program.

COST

There is no cost for the basic GHI Type C/Blue Cross plan. The cost of the optional rider is noted on page 38.

For additional information, call (212) 760-6808.

GHI TYPE C/BLUE CROSS

	Benefits
OUT-PATIENT CARE	
PHYSICIANS' OFFICE VISITS	$7 per visit
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT	Per Schedule of Allowances
LABORATORY AND X-RAY SERVICES	Per Schedule of Allowances
HOSPITAL CARE	
SEMI-PRIVATE ROOM AND BOARD	21 Full—180 Discount Days
PHYSICIANS' AND SURGEONS' SERVICES	Per Schedule of Allowances
GENERAL NURSING CARE	Payment in full
DRUGS AND MEDICATION	Payment in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)	Payment in full
INTENSIVE AND CORONARY CARE UNITS	Payment in full
USE OF OPERATING AND RECOVERY ROOM	Payment in full
ANESTHESIA	Per Schedule of Allowances
EMERGENCY CARE	
AMBULANCE SERVICE	Submitted Charge or $25, whichever is less
IN DOCTORS' OFFICES	$7 per visit
HOSPITAL EMERGENCY ROOM	Covered within 12 hours of illness or 72 hours of accident
URGENT CARE FACILITY	$7 per visit
PREVENTIVE CARE	
ROUTINE PHYSICAL CHECK-UP	$7 per visit
ROUTINE PEDIATRIC (WELL-BABY) CARE	$7 per visit
IMMUNIZATIONS	$7 per visit
ROUTINE HEARING EXAMINATIONS	Not Covered
VISION CARE	Not Covered
MENTAL HEALTH CARE	
OUT-PATIENT DRUG ABUSE	*Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
ALCOHOL ABUSE	Covered in full at an Alc-Net treatment facility, covered 80% for non-Alc-Net JCAH approved facility—60 day combined annual maximum for drug and/or alcohol treatment
MENTAL HEALTH	See optional rider
IN-PATIENT DRUG ABUSE	Up to 14 days detoxification per admission if medically necessary; 30 day combined annual maximum for drug, alcohol and/or mental health treatment
ALCOHOL ABUSE	5 days detoxification per admission; 30 day combined annual maximum for drug, alcohol and/or mental health treatment
MENTAL HEALTH	Physician or psychologist: covered Hospital: 30 days per year in a non-governmental general hospital. 30 day combined annual maximum for drug, alcohol and/or mental health treatment
MATERNITY CARE	
IN PHYSICIANS' OFFICES	
PRE-NATAL AND POST-NATAL VISITS	Per Schedule of Allowances
IN THE HOSPITAL	
PHYSICIANS' SERVICES—MOTHER AND NEWBORN	Mother—Per Schedule of Allowances Newborn—Not Covered
NEWBORN NURSERY SERVICES	Not Covered
MOTHER'S HOSPITAL SERVICES	Covered in full by Blue Cross
HOME HEALTH CARE	
HOME CARE SERVICES	Paid in full
HOSPICE CARE	Not Covered
SKILLED NURSING FACILITY	Not Covered
REHABILITATION	
PHYSICAL	$7 per visit, 4 visits per year
SPEECH	$7 per visit, 16 visits per year
PHARMACY SERVICES	See Optional Rider
FULL-TIME STUDENTS	GHI medical benefits to age 23; hospital benefits—Not Covered

*Benefit effective July 1, 1988

EMPIRE BLUE CROSS AND BLUE SHIELD— HEALTHNET

HEALTHNET is a program offered by Empire Blue Cross and Blue Shield. HEALTHNET is an Individual Practice Association (IPA) form of an HMO (Health Maintenance Organization) which allows members to choose their primary care physicians from a Provider Directory of nearly 2,000 participating primary care physicians and over 3,000 specialists who are located throughout the 27-county HEALTHNET service area of New York State.

Comprehensive health care benefits when provided or authorized by a HEALTHNET primary care physician include not only full coverage for unlimited days of hospital care, but full coverage for referral to specialists, preventive care (including physical examinations, well-child care, Pap tests, comprehensive eye examinations, family planning, and health and nutrition counseling), maternity care, durable medical equipment, home health care, and skilled nursing care facilities.

Each member of HEALTHNET, as well as each family member, chooses a primary care physician to provide and manage their health care needs. The primary care physician is responsible for referrals to specialists and arranging hospitalization and any other needed medical and health care services.

Medical services are rendered in either a physician's private office or at a physician's office at a group practice center, as well as their affiliated hospital when necessary. There is a $5 co-payment required for each office visit to a primary care physician. Referral to specialists, well-child care, and pre-natal care are covered in full, without charge. All services authorized by the primary care physician are covered.

Customary hospitalization charges, as well as newborn nursery charges are covered in full. Emergency room services require a $35 co-payment, unless followed by hospitalization within three days.

Emergency room care when traveling in or outside the HEALTHNET service area is covered when the onset of the medical condition was unexpected and of such a nature that failure to obtain immediate care would result in a deterioration of the patient's condition which would cause serious impairment or threat to life. Your HEALTHNET primary care physician must be notified within three days if you are hospitalized.

Urgent care is non-emergency care, but still a condition whic requires immediate attention, and cannot wait until your return your primary care physician and the HEALTHNET service area. Wh out-of-area urgent care is needed, members should call their prima care physician for medical direction. Whatever is authorized will l covered in full (excluding prescriptions). You may also ca HEALTHNET's toll-free 800 number for information on the availab ity of medical care in the area traveled.

HEALTHNET MEDICARE

If you are Medicare eligible and retired with both Medicare Parts and B you are also eligible for HEALTHNET. This plan provides t same comprehensive benefits of the standard HEALTHNET progra which includes coverage for the deductibles, coinsurance, and ser ices not covered by Medicare Parts A and B, but not to exceed the sta dard coverage provided through HEALTHNET's program. To covered in full, Medicare eligibles must use HEALTHNET physician If a non-HEALTHNET physician is used, only Medicare coverage applicable and care is subject to deductibles, co-payments, and excl sions. See pages 36 and 37 for additional information on t HEALTHNET Medicare Program.

COST

An optional rider for prescription drugs ($5 co-pay per prescription refill) is also available to subscribers through Empire Blue Cross a Blue Shield.

There is a payroll deduction for the basic HEALTHNET program a for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Fami
Basic	$7.43	$14.
Drug Rider	$3.62	$ 7.

Please see pages 40 and 41 for more information on payroll deductio and possible July 1, 1988 rate adjustments.

For additional information, call 1-800-342-9741.

EMPIRE BLUE CROSS AND BLUE SHIELD— HEALTHNET

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*$5 Co-payment (Primary Care Only)
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*$5 Co-payment (Primary Care Only)
HOSPITAL EMERGENCY ROOM		*$35 Co-payment
URGENT CARE FACILITY		*$35 Co-payment (Out of Service Area Only—Not Covered in Service Area)
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Covered in full—60 day visit combined annual maximum for drug and/or alcohol treament
	ALCOHOL ABUSE	Covered in full—in an approved Alc-Net treatment facility—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*$25 Co-payment up to 20 visits per calendar year
IN-PATIENT	DRUG ABUSE	3-14 Days Detoxification (per incident) in Hospital 30 days maximum per year. 30 days in-patient rehabilitation, 90 days day/night care (non-medical facility). 120 day combined annual maximum, for drug and/or alcohol treatment
	ALCOHOL ABUSE	3-7 Days Detoxification (per incident) in Hospital 30 days maximum per year. 30 days in-patient rehabilitation, 90 days day/night care (non-medical facility). 120 day combined annual maximum, for drug and/or alcohol treatment
	MENTAL HEALTH	*Up to 30 days in full
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		*Covered in full
SKILLED NURSING FACILITY		*Covered in full when medically appropriate—30 days
REHABILITATION		
PHYSICAL		*20 visits in full (out-patient)
SPEECH		*Covered in full
PHARMACY SERVICES		See Optional Rider
FULL-TIME STUDENTS		Covered to age 25

*ALL SERVICES MUST BE PROVIDED OR AUTHORIZED BY YOUR HEALTHNET PRIMARY CARE PHYSICIAN.

HIP/HMO

The Health Insurance Plan of Greater New York (HIP) was the first health plan of its kind in New York and is the largest Health Maintenance Organization (HMO) outside of California. HIP/HMO provides comprehensive hospitalization and medical benefits to over 900,000 New Yorkers, including over 350,000 City employees, retirees and their family members.

Medical care is provided by the more than 1000 selected doctors of HIP at over 50 multi-specialty and primary care centers located in the five boroughs of New York City, Nassau, Suffolk and Westchester counties and New Jersey.

Members of HIP/HMO, by using HIP services, have no doctor bills, no hospital bills and no claim forms. There are no coverage waiting periods and no limitations on medical visits. Hospitalization, too, is covered in full.

Members, upon joining, select a medical group, a medical center and a personal family physician for adults and a pediatrician for dependent children. These physicians have the responsibility for primary care and for referrals to other specialists affiliated with the medical group. A full range of one-stop medical services is then available, generally at the member's center, occasionally through referral elsewhere.

Visits to the medical center are by appointment. If an urgent medical need arises, members can call the center for a same day appointment. If an emergency arises when the centers are closed (evenings, weekends or holidays), the Emergency Services Program (ESP) should be called toll free at 1-800-HIP-HELP. Through ESP, HIP provides around-the-clock access to urgent and emergency medical care; both physicians and nurses are available to give advice or referrals to a HIP-after-hour Treatment Center, or hospital emergency room. Emergency hospitalization and medical care are covered when a member is traveling, or so severely injured that authorization by HIP is not feasible.

OPTIONAL BENEFITS RIDER

HIP/HMO offers an optional rider which provides full coverage for prescription drugs at over 2000 participating pharmacies. The rider also covers appliances provided through designated suppliers and private duty nursing (in-hospital only) when prescribed by an HIP physician. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and your payroll deductions will be reduced accordingly.

HIP "FITNESS FORMULA" BENEFITS

As part of HIP's ongoing commitment to keeping members healthy, several new programs are now being offered:

Smoking Cessation Program, Weight Management Program and Fitness Incentives. Please reference your HIP booklet for more information on these programs.

HIP VIP MEDICARE PROGRAM

The HIP VIP Medicare Program provides comprehensive medical and hospital benefits to City of New York retirees and their spouses who are enrolled in Parts A and B of Medicare. There are no pension deductions or additional charges for the HIP VIP Plan which includes these additional benefits:

> *Full* coverage for prescription drugs prescribed by your HIP physician and obtained through any one of more than 2000 participating pharmacies; prescription eyeglasses every 24 months (from a special selection); in-hospital private duty nursing when ordered by an HIP physician; full coverage for short term treatment of mental or nervous disorders; and prosthetic appliances.

In exchange for the comprehensive medical and full hospital coverage plus all the special benefits available through HIP VIP, the Member agrees to obtain all his or her medical and hospital services through HIP. Any medical care, except for covered emergencies or urgently needed care out of the area, that is neither provided nor authorized by HIP, will not be covered by either HIP or Medicare.

HIP/HMO MEDICARE SUPPLEMENTAL PROGRAM

Effective July 1, 1987, the HIP/HMO Medicare Supplemental Program is no longer available to new members.

The HIP Supplemental Medicare Program will continue to provide comprehensive medical and hospital benefits to New York City Retirees and their spouses enrolled in Parts A and B of Medicare who are current members of the HIP/HMO Medicare Supplemental Program (MSP).

The benefits available to the Medicare Supplemental members are the same as those described for HIP/HMO, with the following additional benefits at no cost:

> In-hospital private duty nursing when ordered by a HIP physician, psychiatric services for mental or nervous disorders, and prosthetic appliances.

Elective medical services (non-emergency) provided by non-HIP physicians are covered only by Medicare and are subject to Medicare deductibles, coinsurance payments and exclusions. HIP does not supplement Medicare coverage for such services. HIP Supplementary Medicare members may also choose full coverage of prescription drugs through an optional rider. The election of this benefit results in monthly pension deductions. For more information on the HIP Supplementary Medicare program see pages 36 and 37.

COST

There is no payroll deduction for the basic HIP/HMO, HIP VIP or HIP MSP plans. The cost of the optional rider is noted on page 39.

For additional information, call 1-800-HIP-TALK. During the New York City Transfer Period, specially trained representatives will be available during the following periods: Monday to Thursday, 5:00 PM to 8:00 PM.

HIP/HMO

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		Covered in full when authorized by HIP, otherwise 100% of usual and customary charge
IN DOCTORS' OFFICES		Covered in full when authorized by HIP, otherwise 100% of usual and customary charge
HOSPITAL EMERGENCY ROOM		Covered in full
URGENT CARE FACILITY		Covered in full when authorized by HIP, otherwise 100% of usual and customary charge
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	†One psychiatric assessment visit per year at HIP
	ALCOHOL ABUSE	†Covered in full at HIP—60 visits per year
	MENTAL HEALTH	*One psychiatric assessment visit per year at HIP
IN-PATIENT***	DRUG ABUSE	****7-14 days detoxification per admission: 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
	ALCOHOL ABUSE	5 days detoxification per admission: 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
	MENTAL HEALTH	*30 days per year in a psychiatric section of a general hospital: 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in lieu of in-patient stay
HOSPICE CARE		*Covered up to 210 days
SKILLED NURSING FACILITY		**Covered in full when criteria are met
REHABILITATION		
PHYSICAL		*Covered in full for first 30 days of each admission
SPEECH		*Covered in full for first 30 days of each admission
PHARMACY SERVICES		Available through optional rider
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by a HIP/HMO Physician.**
****Authorized when care (1) follows a stay in the hospital, and (2) is in lieu of hospitalization.**
*****In-patient drug and/or alcohol detoxification and mental health services are limited to a combined total of 30 days per year.**
******When authorized by an HIP Physician or Employee Assistance Program (EAP).**
†Effective July 1, 1988 out-patient services for drug and/or alcohol abuse will be covered in full, subject to a combined total of 60 days per calendar year.

HIP CHOICE

HIP CHOICE allows the flexibility of receiving care from the physicians of HIP while maintaining the option to use any other physician whenever desired. Under this plan, all benefits to HIP/HMO members are available when provided or arranged by HIP doctors, including full coverage for check-ups, well-baby care, routine immunizations, and eye exams. There are no deductibles, co-payments, or penalties for services provided by HIP. Hospitalization by an HIP doctor is also fully covered.

In addition, the HIP CHOICE subscriber can use any other doctors at any time and be reimbursed for up to 60% of the doctor's fee. Coverage is subject to a deductible. Full coverage for in-patient hospital care, skilled nursing facility care and home care, arranged by non-HIP physicians is available if prior approval is obtained from HIP through TEAM CARE. If you choose HIP CHOICE, you will receive additional information and the phone number for TEAM CARE.

For care from non-HIP doctors, HIP CHOICE members are subject to a $200 deductible per individual, per year, with a $400 annual family maximum. Thereafter, members will be reimbursed for 60% of what HIP CHOICE determines as reasonable and customary charges for the services provided. Co-payments are the responsibility of the subscriber but only until a $1000 maximum per individual or $2000 per family is reached. HIP CHOICE will then pay 100% of further reasonable and customary charges. The member will still be responsible for any charges above what HIP considers reasonable and customary. Periodic health exams, well-baby care, routine immunizations, and eye exams are not covered when provided by a non-HIP doctor.

OPTIONAL BENEFITS RIDER

HIP CHOICE offers an optional rider. The rider fully covers, at over 2,000 participating pharmacies, drugs prescribed by an HIP physician. Prescription drugs not prescribed by an HIP physician are subject to a $3 co-payment at participating pharmacies.

HIP "STAY HEALTHY" BENEFITS

As part of HIP's ongoing commitment to keeping members healthy, several new programs are now being offered:

Smoking Cessation Program, Weight Management Program, and Fitness Incentives.

Please reference your HIP booklet for more information on these programs.

HIP VIP MEDICARE PROGRAM

The HIP VIP Medicare Program provides comprehensive medical and hospital benefits to City of New York retirees and their spouses who are enrolled in Parts A and B of Medicare. There are no pension deductions or additional charges for the HIP VIP Plan which includes these additional benefits:

Full coverage for prescription drugs prescribed by your HIP physician and obtained through any one of more than 2000 participating pharmacies; prescription eyeglasses every 24 months (from a special selection); in-hospital private duty nursing when orde by an HIP physician; full coverage for short term treatment of m tal or nervous disorders, and prosthetic appliances.

In exchange for the comprehensive medical and full hospital cover plus all the special benefits available through HIP VIP, the Mem agrees to obtain all his or her medical and hospital services thro HIP. Any medical care, except for covered emergencies or urge needed care out of the area that is neither provided nor authorize HIP will not be covered by either HIP or Medicare.

HIP/HMO MEDICARE SUPPLEMENTAL PROGRAM

Effective July 1, 1987 the HIP/HMO Medicare Supplemental Prog is no longer available to new members.

The HIP Supplemental Medicare Program will continue to prov comprehensive medical and hospital benefits to New York City Re ees and their spouses enrolled in Parts A and B of Medicare who current members of the HIP/HMO Medicare Supplemental Prog (MSP).

The benefits available to the Medicare Supplemental Program me bers are the same as those described for HIP/HMO, with the follow additional benefits at no cost:

In-hospital private duty nursing when ordered by a HIP physici full coverage for short term treatment of mental or nervous dis ders, and prosthetic appliances.

Elective medical services (non-emergency) provided by non-HIP p sicians are covered only by Medicare and are subject to Medic deductibles, coinsurance payments, and exclusions. HIP does supplement coverage for such services. HIP Supplementary Medic members may also choose full coverage of prescription drugs thro an optional rider. The election of this benefit results in monthly p sion deductions. For more information on the HIP Medicare Supp mental Program, turn to pages 36 and 37.

COST

There is a payroll deduction for the basic HIP CHOICE program a for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Fam
Basic	$3.14	$ 8.
Drug Rider	$4.07	$10.

Please see page 40 for more information on payroll deductions.

There are no payroll or pension deductions for the basic HIP VIP HIP MSP Plans. The cost of the optional rider for the HIP MSP pla noted on page 40.

For additional information, call 1-800-HIP-TALK. During the N York City Transfer Period, specially trained representatives will available during the following periods: Monday to Thursday, 5:00 I to 8:00 PM.

HIP CHOICE

		COST TO YOU	
		SERVICES FROM HIP	SERVICES NOT FROM HIP
OUT-PATIENT CARE			
PHYSICIANS' OFFICE VISITS		Covered in full	*40%
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		Covered in full	*40%
LABORATORY AND X-RAY SERVICES		Covered in full	*40%
HOSPITAL CARE			
SEMI-PRIVATE ROOM AND BOARD		Covered in full	**Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		Covered in full	*40%
GENERAL NURSING CARE		Covered in full	**Covered in full
DRUGS AND MEDICATION		Covered in full	**Covered in full
DIAGNOSTIC SERVICES (LABWORK, X-RAYS)		Covered in full	**Covered in full
INTENSIVE AND CORONARY CARE UNITS		Covered in full	**Covered in full
USE OF OPERATING AND RECOVERY ROOMS		Covered in full	**Covered in full
ANESTHESIA		Covered in full	*40%
EMERGENCY CARE			
AMBULANCE SERVICE		Covered in full in connection with hospital admission or covered Emergency Room services	Covered in full in connection with hospital admission or covered Emergency Room services
IN DOCTORS' OFFICES		Covered in full	*40%
HOSPITAL EMERGENCY ROOM		Covered in full within 12 hours of illness or 72 hours of accident	Covered in full within 12 hours of illness or 72 hours of accident
URGENT CARE FACILITY		Covered in full	*40% of physician services
PREVENTIVE CARE			
ROUTINE PHYSICAL CHECK-UP		Covered in full	Not covered
ROUTINE PEDIATRIC (WELL-BABY) CARE		Covered in full	Not covered
IMMUNIZATIONS		Covered in full	Not covered
ROUTINE HEARING EXAMINATIONS		Covered in full	Not covered
VISION CARE		Covered in full	Not covered
MENTAL HEALTH CARE			
OUT-PATIENT	DRUG ABUSE	†One psychiatric assessment per year at HIP	40%
	ALCOHOL ABUSE	†Covered in full for 60 visits per year	40%
	MENTAL HEALTH	One psychiatric assessment visit per year at HIP	Not covered
IN-PATIENT	DRUG ABUSE	**Covered in full for up to 18 days per admission	**Covered in full for up to 18 days per admission
	ALCOHOL ABUSE	**Covered in full for up to 5 days per admission	**Covered in full for up to 5 days per admission
	MENTAL HEALTH	**Covered in full for up to a maximum of 30 days per year	**Covered in full for up to a maximum of 30 days per year
MATERNITY CARE			
IN PHYSICIANS' OFFICES PRE-NATAL AND POST-NATAL VISITS		Covered in full	*40%
IN THE HOSPITAL PHYSICIANS' SERVICES—MOTHER AND NEWBORN		Covered in full	*40%—(Well-baby care not covered)
NEWBORN NURSERY SERVICES		Covered in full	Covered in full
MOTHER'S HOSPITAL SERVICES		Covered in full	Covered in full
HOME HEALTH CARE			
HOME CARE SERVICES		Covered in full	40 visits covered in full. Additional visits, unless approved: 50% covered
HOSPICE CARE		210 days covered in full	210 days covered in full
SKILLED NURSING FACILITY		Covered in full following hospital stay and in lieu of hospitalization	Covered in full with approval; 50% without approval
REHABILITATION			
PHYSICAL		Covered in full—Limited to first 30 days of each admission	*40%—Limited to first 30 days of each admission
SPEECH		Covered in full—Limited to first 30 days of each admission	*40%—Limited to first 30 days of each admission
PHARMACY SERVICES		See optional rider	See optional rider
FULL-TIME STUDENTS		Covered to age 23	Covered to age 23

***The Subscriber must satisfy a deductible ($200 per individual, $400 per family) after which reimbursement will be 60% of the usual, customary, and reasonable charge. Subscriber must pay excess above usual, customary, and reasonable charge. When 40% coinsurance reach $1,000 per individual or $2,000 per family in a calendar year, HIP CHOICE will pay 100% usual and customary charges for the remainder of the calendar year.**

****With prior approval of HIP (or Employee Assistance Program referrals for substance abuse), all Hospital, Skilled Nursing Facility, and Home Care services are covered in full, except that in-patient drug and/or alcohol detoxification and mental health services are limited to a total of 30 days per year.**

†Effective July 1, 1988 outpatient services for drug and/or alcohol abuse will be covered in full, subject to a combined total of 60 days per calendar year.

MAXICARE

Maxicare was formed in association with many leading teaching hospitals in New York and their participating medical staffs—Beth Israel Medical Center, Long Island Jewish Medical Center, Presbyterian Hospital, Montefiore Medical Center, Maimonides Medical Center, Staten Island Hospital, and Long Island College Hospital. In addition to these six hospitals, 42 area hospitals are participating with Maxicare. Information on these hospitals can be obtained by calling the number listed below.

Maxicare has also added physician groups and hospitals in these New Jersey counties: Bergen, Essex and Morris. Active employees and Medicare eligible retirees may join Maxicare in New Jersey.

Maxicare stresses preventive care; seeking to maintain your good health in addition to treating illness and injury. Care is provided without deductibles or claim forms.

As a Maxicare member, you will first choose a hospital/physician network which consists of a large number of physicians practicing in their own private offices. There are 1600 participating physicians in the Maxicare system. Members elect a physicians' network which is affiliated with a specific hospital. Family members can select physicians or change physicians only within that network. The primary care physician will arrange for all specialty and hospital care. Should the care of a non-Maxicare specialist be required, the costs of such care are covered when referral is ordered by your Maxicare physician and approved by the physician network.

Coverage is comprehensive and includes at no charge: office visits, regular check-ups, unlimited hospitalization, immunization, surgical care, well-baby care, well-child care, wellness programs, and health education services provided to you and your covered dependents at no charge. Unmarried, full-time dependent students can be covered on your plan up to age 23.

Emergency medical services provided in either an emergency room or by a non-Maxicare physician require a 50% co-payment of the prevailing rate, not to exceed $25 per occurrence. The co-payment is waived if the member is hospitalized.

While traveling outside the service area, coverage for emergency medical care and hospitalization is limited to the care required up until the member's condition permits transfer to a Maxicare facility. You Maxicare physician must be notified within 48 hours of the emergency service, provided that the medical condition of the patient permits. The required co-payment conditions are identical to those within the service area.

MAXICARE MEDICARE

If you are retired with Medicare Parts A and B you may receive Maxicare's Medicare Plan. Maxicare will coordinate benefits with Medicare. This means that Maxicare will pay the Medicare deductible and coinsurance amounts, as well as the Medicare exclusions for preventive care when care is provided by a Maxicare physician. If a non-Maxicare physician is used, only Medicare coverage is applicable and care is subject to deductibles, co-payments, and exclusions. The optional prescription drug rider is available to Medicare eligible subscribers. For more information on Maxicare's Medicare Program, see pages 3 and 37.

COST

An optional rider for prescription drugs ($2 per prescription or refill) is also available to Maxicare subscribers.

There is a payroll deduction for the basic Maxicare program and for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$4.90	$14.7
Drug Rider	$2.62	$ 7.1

Please see pages 40 and 41 for more information on payroll deduction and possible July 1, 1988 rate adjustments.

Maxicare has participating plans in many other states that retirees may subscribe to including: Phoenix, Arizona; Fort Smith, Arkansas; Baton Rouge, Kenner, Lafayette, Metairie and New Orleans, Louisiana; Las Vegas, Nevada; St. Louis, Missouri; Nassau, Suffolk and Westchester Counties in New York State; Cincinnati, Ohio; Houston and Dallas/Ft. Worth, Texas; Salt Lake City, Utah; Milwaukee, Wisconsin.

For more information call: 1-800-822-MAXI.

MAXICARE

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*Up to a $25 co-pay unless followed by hospital admission
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	1st visit—*Covered in full; Subsequent 19 visits per year with $20 co-payment per visit
IN-PATIENT	DRUG ABUSE	Detoxification—Covered in full—30-day combined annual maximum for drug and/or alcohol treatment Rehabilitation—Covered in full—30 day combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Detoxification—Covered in full—30-day combined annual maximum for drug and/or alcohol treatment Rehabilitation—Covered in full—30 day combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*Covered in full—30 day annual maximum
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		Not covered
SKILLED NURSING FACILITY		*Covered in full—100 Day Limit
REHABILITATION		
PHYSICAL		*Covered in full—60 Day Maximum per illness
SPEECH		*Covered in full—60 Day Maximum
PHARMACY SERVICES		See Optional Rider
FULL-TIME STUDENTS		Covered to age 23

***Covered in full when provided or authorized by Maxicare physician.**

SANUS

Sanus—a comprehensive personalized health care alternative—provides or arranges for nearly all medical services you may need, as often and for as long as you need them. Sanus' service area includes: all of New York City, Long Island, Westchester, Putnam, Rockland and Orange counties in New York; and Bergen, Essex, Hudson, Morris, Passaic and Union counties in New Jersey.

Sanus covers your medical needs—medical, surgical, hospital care, tests, X-rays, and emergency services. Sanus gives you the freedom to select a physician from the Sanus network of private physicians which now stands at over 1,600. They are affiliated with leading community and university hospitals.

The charge for office visits is $5 and there are no claim forms to fill out. Participating physicians arrange for all of your specialty and hospital care.

The doctor not only treats you when you are ill, but provides periodic check-ups and immunizations for you and your family. Sanus encourages and provides preventive health care, early diagnosis and prompt treatment. Well-baby care is also covered in full.

Sanus has a range of preventive health care programs including its Women's Wellness Program. Under this program, women are encouraged to visit a participating gynecologist of their choice, without need for a referral, for a comprehensive annual examination. Also, all Sanus members are eligible for the Sanus Healthy Discount Program which provides a range of discounts for valuable health related services.

In case of a medical emergency, if the subscriber is unable to use a plan hospital, Sanus will arrange to directly pay the non-plan hospital or physician, or reimburse the subscriber. If an emergency occurs outside the service area, the illness or injury must be sudden or unexpected, the member must be unable to return to the service area and the treatment must be medically necessary. The member must notify Sanus within 48 hours of the onset of the emergency for authorization. Ther is a $25 co-payment for each emergency room visit, which is waived i you are admitted to the hospital.

SANUS MEDICARE

If you are Medicare eligible and retired with both Medicare Parts A and B you are also eligible for Sanus. This plan provides the sam comprehensive benefits of the standard Sanus program coverage fo deductibles, coinsurance, and services not covered by Medicare Part A and B, but not to exceed the standard coverage provided throug Sanus' program. To be covered in full, Medicare eligibles must us Sanus physicians. If a non-Sanus physician is used, only Medicar coverage is applicable and care is subject to deductibles, coinsurance and exclusions. See pages 36 and 37 for additional information on th Sanus Medicare program.

COST

An optional rider for prescription drugs is also available to Sanus subscribers. There is a $50 deductible for non-mail service (non-maintenance) drugs per individual, per year. After the deductible is satisfied there is a $3 charge per prescription or refill. Mail service (maintenance) drugs are filled at no charge.

There is a payroll deduction for the basic Sanus Program and the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$1.84	$7.14
Drug Rider	$1.08	$3.00

Please see pages 40 and 41 for more information on payroll deductions and possible July 1, 1988 rate adjustments.

For additional information, call (718) 899-3600.

SANUS

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*$5 Co-payment per visit to primary care physician only
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		Covered in full
IN DOCTORS' OFFICES		*$5 Co-payment per visit to primary care physician only
HOSPITAL EMERGENCY ROOM		$25 Co-payment. Waived if admitted to hospital
		$5 Co-payment if referred to E.R. by primary care physician
URGENT CARE FACILITY		$15 Co-payment
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*$5 Co-payment
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full—up to one year of age
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*$5 Co-payment per visit
VISION CARE		*$5 Co-payment per visit—up to 17 years of age
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	50% Co-payment for up to 20 visits annually
IN-PATIENT	DRUG ABUSE	Detoxification—30 days combined annual maximum for drug and/or alcohol detoxification
		Rehabilitation—30 days in-patient or 60 days in a day care program for drug, alcohol or mental health treatment
	ALCOHOL ABUSE	†Detoxification—30 days combined annual maximum for drug and/or alcohol detoxification
		Rehabilitation—30 days in-patient or 60 days in a day care program for drug, alcohol or mental health treatment
	MENTAL HEALTH	Rehabilitation—30 days in-patient or 60 days in a day care program for drug, alcohol or mental health treatment
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*$50 Co-payment per day
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		*Covered in full
SKILLED NURSING FACILITY		*Covered in full
REHABILITATION		
PHYSICAL		*Covered in full—short term rehabilitation
SPEECH		*Covered in full—short term rehabilitation
PHARMACY SERVICES		See Optional Rider
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by a Sanus physician.**
†When provided by a Sanus physician or authorized by a Sanus physician or Employee Assistance Program (EAP)

TOTAL HEALTH

TOTAL HEALTH is a comprehensive health care plan designed by New Yorkers specifically to address the total health care needs of workers in the New York metropolitan area.

With a provider network of 1,500, TOTAL HEALTH provides personalized health care in the comfort and convenience of a physician's private office.

As a TOTAL HEALTH member you select your own family doctor, internist or pediatrician. You may choose one doctor for the entire family or if you prefer, a different physician for each family member. Each female member of your family will also select her own participating gynecologist.

Once you have selected your doctor, all your health care will be managed by your primary care physician. When a specialist's care is required, your primary care physician will make the necessary referral and arrangements for you. All physicians' office visits are completely covered with no deductibles or co-payments.

Should you require additional specialty care, hospital care, surgery, physical or rehabilitation therapy, vision or hearing examinations, home care, durable medical equipment, allergy testing and treatments, laboratory testing, X-rays, maternity and well-baby care, you're completely covered.

You will never have to fill out a claim form or wait for reimbursement. And if you have any questions regarding the plan or its benefits, you speak directly to our staff located in New York.

You are covered 24 hours a day, 7 days a week. Emergency care is covered anywhere in the world...100% except for a $50 co-payment for emergency room visits which is waived if you are admitted to the hospital.

TOTAL HEALTH is committed to *your* total health...Its wellness program entitles you and your family to take advantage of weight reduction, stop smoking, stress management and fitness programs.

TOTAL HEALTH SENIOR PARTNER MEDICARE PLAN

If you are Medicare eligible and retired with both Parts A and B, you may join TOTAL HEALTH's Senior Partner plan. TOTAL HEALTH becomes your exclusive provider for Medicare benefits. It is not a supplemental plan and no other supplemental coverage is necessary. If you are eligible for Medicare Parts A and B, there is *no monthly premium* charged by TOTAL HEALTH. Retired Medicare eligibles will receive their health care as described above with expanded coverage to include durable medical equipment, hearing aids and vision care. There are no deductibles, no claim forms to file, and no coinsurance. All medical care must be coordinated through your TOTAL HEALTH primary care physician and the TOTAL HEALTH delivery system. Medical care not coordinated through a TOTAL HEALTH primary care physician or received outside the TOTAL HEALTH delivery system is not covered by TOTAL HEALTH, or by Medicare, except in an emergency or urgent situation. See pages 36 and 37 for additional information on the TOTAL HEALTH Medicare program.

COST

An optional Prescription Drug Rider is available to everyone except Medicare eligible retirees. For each prescription and refill you will pay only a $3.00 co-payment at 400 participating pharmacies.

There is a payroll deduction for the basic TOTAL HEALTH program and for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$1.04	$3.91
Drug Rider	$2.65	$7.24

Please see pages 40 and 41 for more information on payroll deductions and possible July 1, 1988 rate adjustments.

For additional information call: (212) 617-1000, (718) 979-5555, (516) HMO-1000.

TOTAL HEALTH

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full when medically necessary
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*$50 co-payment unless followed by hospital admission
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full (except for travel)
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	Covered for 20 visits/year with variable copayments from $0 to $25
IN-PATIENT	DRUG ABUSE	Detoxification: 3-14 day detoxification per admission; 30 day combined annual maximum for drug and/or alcohol detoxification (23 days of which will be charged to the mental health benefit)
	ALCOHOL ABUSE	Detoxification: 3-14 day detoxification per admission; 30 day combined annual maximum for drug and/or alcohol detoxification (23 days of which will be charged to the mental health benefit)
	MENTAL HEALTH	*Covered 30 days in 365 day period
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full when medically necessary
HOSPICE CARE		*Covered in full when medically necessary
SKILLED NURSING FACILITY		*Covered in full when medically appropriate—100 day limit
REHABILITATION		
PHYSICAL		*Covered in full—short-term rehabilitation
SPEECH		*Covered in full—short-term rehabilitation
PHARMACY SERVICES		See optional rider
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by TOTAL HEALTH primary care physician.**

US HEALTHCARE

US Healthcare is a comprehensive health care plan which does more than simply pay the bills for your medical costs. US Healthcare has over 15 years experience in providing quality medical care to hundreds of thousands of people in the United States. Personal care is provided through family doctors located thoughout New York, New Jersey, Connecticut, and Pennsylvania.

When you become a member of US Healthcare, you and members of your family will be able to pick a family doctor, internist, or pediatrician from a list of 1700 primary care doctors in the service area from the US Healthcare directory. As a special service to our female members, women age 17 or older may also choose a participating personal gynecologist in addition to your primary care physician. Once you have selected a doctor, you will go to his or her office to receive the care you need. If you should need a specialist, the primary care doctor you have chosen will refer you and all visits are completely covered. Care will be coordinated between your primary care doctor and the specialist.

When you visit your primary care doctor or personal gynecologist, you will pay $2.00 for that visit. All specialty care, hospitalization, surgery, intensive care, ambulance service, physical or rehabilitation therapy, home care, allergy treatments, vision or hearing examinations, anesthesia, diagnostic tests and X-rays are covered when medically necessary with a written referral from your primary care physician. US Healthcare will pay the whole bill—100%. There are no claim forms to fill out and no waiting for reimbursement.

Emergency care is covered anywhere in the world and all reasonable costs are reimbursed at 100% except for a co-payment of $5 for a visit to the doctor's office or $15 for a visit to an emergency room. If you are admitted to the hospital, the emergency room co-payment is waived.

If you or someone in your family is faced with a rare or complicated illness, US Healthcare's National Medical Excellence Program will help you find the best medical care available and will send you wherever necessary.

For early detection of breast and colorectal cancer, our US HEALTHCHECK Program offers free mammographies and colorectal screening test kits to all eligible members.

US Healthcare pays when you are sick and also pays to keep you healthy. As a member, you will be able to take advantage of the Healthy Outlook Programs which include programs to help you stop smoking, manage stress, keep fit and get involved in a Healthy Eating Program.

For more details on benefits and special programs, you may refer to information on the next page and on material included in the US Healthcare's handbook, which should be mailed to your home during the Transfer Period or may be obtained by calling the number below. You will also need to pick a primary care physician (personal gynecologist and pharmacy, if it applies) for every family member on the City of New York enrollment forms (EB88 & P2r).

US HEALTHCARE MEDICARE

This plan is only available to retirees living in New York and Pennsylvania; New Jersey and Connecticut are excluded.

If you are Medicare eligible and retired with Parts A and B, you may join US Healthcare's Medicare Program. US Healthcare becomes your exclusive provider for Medicare benefits. It is not a supplemental plan and no other supplemental coverage is necessary. Retired Medicare eligibles will receive their health care as described above with expanded coverage to include durable medical equipment and hearing aids. There are no deductibles, no claim forms to file, and no coinsurance. All medical care must be coordinated through your US Healthcare primary care physician and the US Healthcare delivery system. Medical care received outside the US Healthcare system is not covered by US Healthcare or Medicare, except in an emergency or urgent situation. Please see pages 36 and 37 for more information on the US Healthcare Medicare Program. There is a separate listing of participating physicians' and benefits for US Healthcare's Medicare Plan, which includes programs specifically designed for those 65 and over. Please call our Member Relations number below for the current Medicare primary physician list and more detailed information on US Healthcare's Medicare benefits.

COST

An optional prescription drug rider is available. Prescription drugs are available for a $2.50 co-payment per prescription at a participating pharmacy.

There is a payroll deduction for the basic US HEALTHCARE program and for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$2.26	$2.28
Drug Rider	$3.22	$8.24

Please see pages 40 and 41 for more information on payroll deductions and possible July 1, 1988 rate adjustments.

For additional information call: 1-800-445-USHC or 212-286-0670 between 8:00 a.m. and 5:30 p.m. on weekdays.

US HEALTHCARE

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full—$2 co-payment for primary care physician only
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full when medically necessary
IN DOCTORS' OFFICES		$5 co-payment
HOSPITAL EMERGENCY ROOM		*$15 co-payment
URGENT CARE FACILITY		*$15 co-payment
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full (except for travel)
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*Covered for 20 visits/year with variable co-payments from $0 to $25
IN-PATIENT	DRUG ABUSE	Detoxification: covered in full for acute phase of treatment Rehabilitation: 30 day combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	Detoxification: covered in full for acute phase of treatment Rehabilitation: 30 day combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*Covered 35 days in 365-day period
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full when medically necessary
HOSPICE CARE		*Covered in full when medically necessary
SKILLED NURSING FACILITY		*Covered in full when medically appropriate
REHABILITATION		
PHYSICAL		*Covered in full—short-term rehabilitation
SPEECH		*Covered in full—short-term rehabilitation
PHARMACY SERVICES		See optional rider
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by US Healthcare primary care physician.**

DC 37 MED-TEAM

Available to DC 37 members (active or retired) only.

DC 37's Med-Team is an innovative health care program that offers a full range of coverage, all provided within local communities where members live or work, and is coordinated as a "team". Med-Team*, utilizes physicians and family practitioners in several boroughs of the City. Currently, active or retired DC 37 members in the Bronx, Manhattan, Brooklyn and Staten Island are eligible for full coverage.

Participating physicians and practitioners have been selected on the basis of recommendations from medical directors and medical department chairpersons of community hospitals and health centers. These highly skilled and dedicated providers, all of whom are either board-certified or board-eligible in their specialties, have agreed to work as a "team" in providing necessary care to eligible DC 37 members.

Members may choose their own primary care physicians (general medicine, pediatrics and ob/gyn) who will be responsible for managing care within a system of participating specialists, diagnostic facilities, and community-based hospitals. A $5 co-payment is required when visiting primary care physicians. However, no charge is made when referred to participating specialists or other participants in the program.

Med-Team Brooklyn provides physicians in private practice within the Sunset Park-Bay Ridge area with hospitalization when needed at Lutheran Medical Center.

Med-Team Bronx offers family-oriented care at Soundview Health Center with hospitalization at St. Barnabas Hospital.

Med-Team Manhattan provides care within the St. Luke's/Roosevelt complex of facilities: one at West 114th Street with a family orientation and a new group practice facility on West 77th Street, both using either St. Luke's or Roosevelt Hospital for hospitalization.

Med-Team Staten Island provides physicians in private practice all over Staten Island with hospitalization at Staten Island Hospital.

If you choose a non-participating provider, Med-Team will reimburse you according to a reduced fee schedule. This means there will be out-of-pocket costs for which the member is responsible. There is no deductible requirement.

MED-TEAM MEDICARE

Retirees with Medicare Parts A and B enjoy the benefit of having all coinsurance and deductibles covered by Med-Team. There is no optional benefits rider. Elective medical services (non-emergency) provided by non-Med-Team physicians are covered only by Medicare and are subject to Medicare's standard deductibles, coinsurance payments, and exclusions. Med-Team does not supplement Medicare coverage for such services. See pages 36 and 37 for additional information on the Med-Team Medicare Program.

COST

There are no payroll deductions for the basic Med-Team Program. There is no optional benefits rider.

For more information, call (212) 815-1313.

*At present the program is underwritten by Empire Blue Cross and Blue Shield.

DC 37 MED-TEAM

	Cost To You
OUT-PATIENT CARE	
PHYSICIANS' OFFICE VISITS	*$5 Co-payment
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT	*Covered in full
LABORATORY AND X-RAY SERVICES	*Covered in full
HOSPITAL CARE	
SEMI-PRIVATE ROOM AND BOARD	Covered in full
PHYSICIANS' AND SURGEONS' SERVICES	*Covered in full
GENERAL NURSING CARE	Covered in full
DRUGS AND MEDICATION	Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)	Covered in full
INTENSIVE AND CORONARY CARE UNITS	Covered in full
USE OF OPERATING AND RECOVERY ROOM	Covered in full
ANESTHESIA	*Covered in full
EMERGENCY CARE	
AMBULANCE SERVICE	Covered for $100 or $150 (depending on mileage)
IN DOCTORS' OFFICES	*$5 Co-payment
HOSPITAL EMERGENCY ROOM	Covered by Blue Cross within 12 hrs. of an illness or 72 hrs. of an accident
URGENT CARE FACILITY	Covered in full when authorized
PREVENTIVE CARE	
ROUTINE PHYSICAL CHECK-UP	**$5 Co-payment
ROUTINE PEDIATRIC (WELL-BABY) CARE	**$5 Co-payment
IMMUNIZATIONS	**$5 Co-payment
ROUTINE HEARING EXAMINATIONS	Not covered (covered through DC 37 Health & Security Plan)
VISION CARE	Not covered (covered through DC 37 Health & Security Plan)
MENTAL HEALTH CARE	
OUT-PATIENT DRUG ABUSE	Covered in full—60 visit combined maximum for drug and/or alcohol treatment in a Med-Team approved facility
ALCOHOL ABUSE	Covered in full—60 visit combined maximum for drug and/or alcohol treatment in a Med-Team approved facility
MENTAL HEALTH	Not Covered
IN-PATIENT DRUG ABUSE	Detoxification—covered in full 7–14 days per episode in a Med-Team approved facility/30-day combined annual maximum for drug, alcohol, and/or mental health treatment
ALCOHOL ABUSE	Detoxification—covered in full 5 days per episode in a Med-Team approved facility/30-day combined annual maximum for drug, alcohol, and/or mental health treatment
MENTAL HEALTH	Physician: covered in full. Hospitalization: 30 days per 12-month period in a psychiatric section of an approved general hospital or approved "specialty" hospital (government facilities not covered)/30-day combined annual maximum for drug, alcohol, and/or mental health treatment
MATERNITY CARE	
IN PHYSICIANS' OFFICES	
PRE-NATAL AND POST-NATAL VISITS	*Covered in full
IN THE HOSPITAL	
PHYSICIANS' SERVICES—MOTHER AND NEWBORN	Covered in full
NEWBORN NURSERY SERVICES	Covered in full
MOTHER'S HOSPITAL SERVICES	Covered in full
HOME HEALTH CARE	
HOME CARE SERVICES	*Covered in full 200 visits when authorized
HOSPICE CARE	*Covered in full 210 days when authorized
SKILLED NURSING FACILITY	Not covered
REHABILITATION	
PHYSICAL	*Covered for 30 days in-hospital plus 30 out-patient visits between physical and speech
SPEECH	*Covered for 30 days in-hospital plus 30 out-patient visits between physical and speech
PHARMACY SERVICES	Through DC 37 Health and Security Plan
FULL-TIME STUDENTS	Covered to age 23

***When using a Med-Team physician or authorized by a Med-Team physician (partial reimbursement for use of non-Med-Team services).**
****Covered only when using a Med-Team physician.**

MED-PLAN

Med-Plan is offered to Health and Hospitals Corporation (HHC) employees and retirees and their dependents; current Med-Plan members who are not HHC employees may stay in the plan.

Med-Plan is a pre-paid group medical practice administered by Bellevue Hospital Center. Comprehensive health care is provided at the Med-Plan Center, 26th Street and First Avenue in Manhattan.

The emphasis at Med-Plan is on convenient, comprehensive, quality medical care. All Med-Plan physicians (primary care as well as specialists) are board-certified or board-eligible in their medical fields and all are members of the teaching faculty of New York University School of Medicine.

Med-Plan members select a personal physician from among the Med-Plan primary care physicians. This physician provides primary care (check-ups, routine visits) and coordinates all health care needs through referrals to specialists as needed. Inpatient care is provided at Bellevue Hospital Center.

As a member of Med-Plan you will be covered in full for a wide range of health care services including office visits, hospital visits and surgical care, emergency visits, maternity and pediatric care and psychiatric care. Some special features of Med-Plan include preventive health, health education, and second surgical consultation services. There are no deductibles, no bills, no forms and no cost for covered services.

The Med-Plan Center has convenient evening and weekend hours for scheduled appointments and urgent walk-ins. Monday, Tuesday, Wednesday, Thursday: 9 AM-7 PM, Friday: 9 AM-5 PM, Saturday: 8 AM-12 Noon.

Med-Plan has an Emergency Hotline which is open 24 hours/7 days a week. Members can call the Hotline any time they need help or advice for a medical problem. This service reduces the need for an emergency room visit.

OPTIONAL BENEFITS RIDER

Med-Plan offers an optional rider which provides prescription drugs at no charge when prescribed by a Med-Plan physician and dispensed through either Bellevue Hospital Center or one of the designated pharmacies in the Med-Plan vicinity. When ordered by Med-Plan, private-duty nursing in the hospital and covered appliances and prosthetics are covered. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and your payroll deductions will be reduced accordingly.

MED-PLAN MEDICARE

Retirees who become Medicare eligible must withdraw from Med-Plan and choose another City health plan. You may continue seeing your Med-Plan physicians under Med-Plan's Special Medicare Program, but the procedures will be different since Med-Plan will no longer be your City health plan.

COST

There is no payroll deduction for the basic Med-Plan program. The cost of this optional rider is noted on page 39.

For more information, call (212) 561-3335.

MED-PLAN

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		Covered in full-60 day combined maximum for drug and/or alcohol treatment
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		Covered in full when authorized by Med-Plan
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*Covered in full
URGENT CARE FACILITY		Covered in full only out-of-area
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	*Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	*Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	Not Covered
IN-PATIENT	DRUG ABUSE	*Up to 14 days detoxification per admission if medically necessary; 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
	ALCOHOL ABUSE	*5 days detoxification per admission; 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
	MENTAL HEALTH	*30 days per year in a psychiatric section of a general hospital; 30-day combined annual maximum for drug, alcohol, and/or mental health treatment
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		Not Covered
SKILLED NURSING FACILITY		*Covered in full when medically appropriate
REHABILITATION		
PHYSICAL		*Covered in full
SPEECH		Not Covered
PHARMACY SERVICES		Optional rider available
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by a Med-Plan doctor.**

METROPOLITAN HEALTH PLAN

Metropolitan Health Plan is open to Health and Hospitals Corporation (HHC) employees, non-Medicare eligible retirees, and their dependents including full-time students up to age 23.

Metropolitan Health Plan (MHP) is a pre-paid health plan developed by N.Y.C. Health and Hospitals Corporation in partnership with Metropolitan Hospital Center and New York Medical College. The MHP physicians are based at Metropolitan Hospital Center, 1901 First Avenue, between 97th and 99th Streets. MHP is available to all eligible Health and Hospitals Corporation employees and retirees and their dependents, including full-time students up to age 23. MHP offers its members comprehensive health care benefits and the convenience of receiving both medical and hospital services at one location. MHP members receive care in newly renovated in-patient and out-patient care areas.

As an MHP member you will select a personal primary care physician from a panel of MHP physicians. The physician you select provides and coordinates all your health care needs. A primary care provider facilitates continuity of care and access to specialty care. All MHP physicians are board certified or board eligible in their medical specialties and are on the faculty of New York Medical College.

As a member of MHP, you will be covered for all hospital and surgical costs. Routine, urgent, and emergency visits, specialty care and even vision care are covered in full when using the MHP facility. There are no co-payments, no deductibles, no bills for covered services, and no waiting for reimbursement.

If a member needs medical or hospital care which cannot be provided at Metropolitan Hospital Center or if an emergency occurs outside the MHP service area, MHP covers these in full.

MHP has a team of membership service representatives available to assist members. They provide orientation to the plan, assist members with questions and offer health education sessions. In addition, MHP has a 24 hour/7 days a week hotline telephone number in case you need help or advice for medical problems. The hotline is staffed by specially trained registered nurses with physicians on call if needed.

OPTIONAL BENEFITS RIDER

Metropolitan Health Plan offers an optional rider which provides prescription drugs at no charge when prescribed by an MHP physician. When ordered by Metropolitan Health Plan, private duty nursing in the hospital and covered appliances and prosthetics are also covered under the rider. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and your payroll deductions will be reduced accordingly.

METROPOLITAN HEALTH PLAN MEDICARE

The Metropolitan Health Plan will not be offered to Medicare eligible retirees.

COST

There is no payroll deduction for the basic Metropolitan Health Plan. There is a payroll deduction for the optional benefits rider, see page 39.

For additional information, please call MHP Member Services at 230-6334.

METROPOLITAN HEALTH PLAN

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*Covered in full
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	*Covered in full—60 visit combined maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	*Covered in full—60 visit combined maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*Covered for 20 visits/calendar year
IN-PATIENT	DRUG ABUSE	Up to 14 days detoxification per admission if medically necessary; 30 day combined annual maximum for alcohol and/or drug abuse treatment
	ALCOHOL ABUSE	5 days detoxification per admission; 30 day combined annual maximum for alcohol and/or drug abuse treatment
	MENTAL HEALTH	*Covered 30 days/calendar year
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*Covered in full
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full—Intermittent Nursing Service
HOSPICE CARE		Not Covered
SKILLED NURSING FACILITY		*Covered in lieu of hospitalization when medically necessary
REHABILITATION		
PHYSICAL		*Covered in full—short term
SPEECH		*Covered in full—short term
PHARMACY SERVICES		See optional rider
FULL-TIME STUDENTS		Covered to age 23

***When provided or authorized by a Metropolitan Health Plan physician.**

MID-HUDSON HEALTH PLAN

This plan is open only to active employees and retirees residing in Columbia, Greene, Delaware and Ulster Counties and a portion of Northern Dutchess County including Red Hook and Rhinebeck. Medicare eligibles can join this plan.

The Mid-Hudson Health Plan (MHP) is a network model Health Maintenance Organization (HMO), offering its members the opportunity to receive health care services at a participating physician's private office. Each MHP member selects his or her own primary care physician, thereby maintaining the traditional doctor/patient relationship. Physician visits require a $3 co-payment.

As an MHP member you and each member of your family will choose a personal primary care physician from MHP's list of participating providers. For adults, the primary care physician will specialize in either Internal Medicine or Family Practice and for children, specialization will be in either Pediatrics or Family Practice. Your primary care physician is your key to the Mid-Hudson Health Plan. He or she will coordinate all health care services, including referrals which must be arranged for and authorized by your plan physician. In this way, MHP is able to meet all your health care needs.

MHP members receive full coverage for in-patient hospital care when arranged for and authorized by their primary care physician. Most in-patient care will be provided at the following hospitals: Benedictine Hospital (Kingston); Columbia Memorial Hospital (Hudson); Ellenville Hospital (Ellenville); Kingston Hospital (Kingston); Margaretville Hospital (Margaretville); Memorial Hospital (Catskill) and Nursing Home of Greene County; Northern Dutchess Hospital (Rhinebeck); St. Francis Hospital (Poughkeepsie); and Vassar Hospital (Poughkeepsie). Any medically necessary services not provided by these hospitals or MHP-affiliated providers will be arranged by your plan physician and covered in full.

Emergency care is covered, provided that the services are authorized by your MHP primary care physician. For life-threatening emergencies, members receive immediate care and then are expected to call their MHP physician within 48 hours of receiving care. Members are covered 24 hours a day/7 days a week.

MHP care is comprehensive. Routine health care, office visits, allergy tests and treatment, eye and ear exams, laboratory services, X-rays, diagnostic tests, second surgical opinions, medical social services, health education, well-baby care, well-child care, pre-natal and post-natal care, services of a physician, surgeon, or anesthesiologist, emergency services, skilled nursing care, mental health care, and physical therapy and rehabilitation are all covered. In addition, unmarried, full-time student dependents are covered to age 25.

MID-HUDSON HEALTH PLAN (MHP) MEDICARE COVERAGE

If you are Medicare eligible and retired with both Medicare Parts A and B you are also eligible for MHP. This plan provides the same comprehensive benefits of the standard MHP program which includes coverage for deductibles, coinsurance, and services not covered by Medicare Parts A and B, but not to exceed the standard coverage provided through MHP's program. To be covered in full, Medicare eligibles must use MHP physicians. If a non-MHP physician is used, only Medicare coverage is applicable and care is subject to deductibles, co-payments, and exclusions. See pages 36 and 37 for additional information on the MHP Medicare program.

Employees or retirees who have questions about this coverage may contract the MHP Marketing Department at the telephone number below.

COST

A prescription drug rider, requiring a $3 co-payment per prescription is available to all Mid-Hudson Health Plan subscribers.

There is a payroll deduction for the basic Mid-Hudson program and for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$3.36	$5.85
Drug Rider	$3.11	$8.08

Please see pages 40 and 41 for more information on payroll deductions and possible July 1, 1988 rate adjustments.

For further information, call 1-800-826-2651. During the New York City Transfer Period representatives will be available during the following periods: Monday–Friday, 8:00 A.M.–10:00 P.M. or contact Peter Kraft or Patrick Dodge at (914) 338-0202.

MID-HUDSON HEALTH PLAN

	Cost To You
OUT-PATIENT CARE	
PHYSICIANS' OFFICE VISITS	*$3 co-payment per visit
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT	*$3 co-payment per visit
LABORATORY AND X-RAY SERVICES	*$3 co-payment per visit
HOSPITAL CARE	
SEMI-PRIVATE ROOM AND BOARD	*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES	*Covered in full
GENERAL NURSING CARE	*Covered in full
DRUGS AND MEDICATION	*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)	*Covered in full
INTENSIVE AND CORONARY CARE UNITS	*Covered in full
USE OF OPERATING AND RECOVERY ROOM	*Covered in full
ANESTHESIA	*Covered in full
EMERGENCY CARE	
AMBULANCE SERVICE	*Covered in full
IN DOCTORS' OFFICES	*Covered in full
HOSPITAL EMERGENCY ROOM	*Covered in full
URGENT CARE FACILITY	*Covered in full
PREVENTIVE CARE	
ROUTINE PHYSICAL CHECK-UP	*$3 co-payment per visit
ROUTINE PEDIATRIC (WELL-BABY) CARE	*$3 co-payment per visit
IMMUNIZATIONS	*$3 co-payment per visit
ROUTINE HEARING EXAMINATIONS	*$3 co-payment per visit
VISION CARE	*$3 co-payment per visit
MENTAL HEALTH CARE	
OUT-PATIENT DRUG ABUSE	*Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
ALCOHOL ABUSE	*Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
MENTAL HEALTH	*Covered in full—up to 20 visits per member per contract year
IN-PATIENT DRUG ABUSE	*Detoxification: 30 day combined annual maximum for drug and/or alcohol treatment. Rehabilitation: 30 day combined annual maximum for drug and/or alcohol treatment
ALCOHOL ABUSE	*Detoxification: 30 day combined annual maximum for drug and/or alcohol treatment. Rehabilitation: 30 day combined annual maximum for drug and/or alcohol treatment
MENTAL HEALTH	*Covered in full—30 day annual maximum
MATERNITY CARE	
IN PHYSICIANS' OFFICES	
PRE-NATAL AND POST-NATAL VISITS	*$3 co-payment per visit
IN THE HOSPITAL	
PHYSICIANS' SERVICES—MOTHER AND NEWBORN	*Covered in full
NEWBORN NURSERY SERVICES	*Covered in full
MOTHER'S HOSPITAL SERVICES	*Covered in full
HOME HEALTH CARE	
HOME CARE SERVICES	*Covered in full
HOSPICE CARE	*Covered in full
SKILLED NURSING FACILITY	*Covered in full when medically appropriate
REHABILITATION	
PHYSICAL	*Covered in full—60 day maximum, in-patient and out-patient
SPEECH	*Evaluation only—covered in full
PHARMACY SERVICES	See optional rider
FULL-TIME STUDENTS	Covered to age 25

***When using Mid-Hudson physicians or referred by a Mid-Hudson physician.**

WELLCARE OF NEW YORK

This plan is open only to active employees and retirees residing in Orange, Rockland, Putnam, Dutchess, Ulster and Sullivan Counties. Medicare eligibles can join this plan.

WellCare of New York (WCNY) is a Health Maintenance Organization (HMO), offering its members the opportunity to receive health care services at a participating physician's private office. Each WCNY member selects his or her primary care physician, thereby maintaining the traditional doctor/patient relationship. Physician visits require a $3 co-payment.

As a WCNY member you and each member of your family will choose a personal primary care physician from WCNY's list of participating providers. For adults, the primary care physician will specialize in either Internal Medicine or Family Practice and for children, specialization will be either Pediatrics or Family Practice. Your primary care physician is your key to WellCare of New York. He or she will coordinate all health care services, including referrals which must be arranged for and authorized by your plan physician. In this way, WCNY is able to meet all your health care needs.

WCNY members receive full coverage for in-patient hospital care when arranged for and authorized by their primary care physician. Most in-patient care will be provided at the following hospitals: Arden Hill (Goshen); Benedictine Hospital (Kingston); Cornwall Hospital (Cornwall); Community General Hospital Sullivan County (Harris); Craig House (Beacon); Good Samaritan Hospital (Suffern); Helen Hayes Hospital (Haverstraw); Horton Memorial Hospital (Middletown); Julia B. Butterfield (Cold Springs); Mercy Community Hospital (Port Jervis); Northern Metropolitan Hospital (Newburgh); Nyack Hospital (Nyack); St. Anthony's Hospital (Warwick); St. Lukes Hospital (Newburgh); St. Francis Hospital (Poughkeepsie); St. Francis Hospital (Beacon); and Vassar Hospital (Poughkeepsie). Any medically necessary services not provided by these hospitals or WCNY-affiliated providers will be arranged by your plan physician and covered in full.

Emergency care is covered, provided that the services are authorized by your WCNY primary care physician. For life-threatening emergencies, members receive immediate care and then are expected to call their physician within 48 hours of receiving care. Members are covered 24 hours a day/7 days a week.

WCNY care is comprehensive. Routine health care, office visits, allergy tests and treatment, eye and ear exams, laboratory services, X-rays, diagnostic tests, second surgical opinions, medical social services, health education, well-baby care, well-child care, pre-natal and post-natal care, skilled nursing care, mental health care, and physical therapy and rehabilitation are all covered. In addition, unmarried, full-time student dependents are covered to age 25.

WELLCARE OF NEW YORK (WCNY) MEDICARE COVERAGE

If you are Medicare eligible and retired with both Medicare Parts A and B, you are also eligible for WCNY. This plan provides the same comprehensive benefits of the standard WCNY program which includes coverage for deductibles, coinsurance, and services not covered by Medicare Parts A and B, but not to exceed the standard coverage provided through MHP's program. To be covered in full, Medicare eligibles must use WCNY physicians. If a non-WCNY physician is used, only Medicare coverage is applicable and care is subject to deductibles, co-payments, and exclusions. See pages 36 and 37 for additional information on the WCNY Medicare program.

COST

A prescription drug rider, requiring a $3 co-payment per prescription is available to all WellCare of New York subscribers.

There is a payroll deduction for the basic WellCare program and for the optional rider.

	Biweekly Payroll Deductions	
Non-Medicare	Individual	Family
Basic	$3.90	$7.24
Drug Rider	$2.89	$7.51

Please see pages 40 and 41 for more information on payroll deductions and possible July 1, 1988 rate adjustments.

For further information, call 1-800-826-2651. During the New York Transfer Period representatives will be available during the following periods: Monday–Friday, 8:00 A.M.–10:00 P.M. or contact Peter Kraft at (914) 561-5028.

WELLCARE OF NEW YORK

		Cost To You
OUT-PATIENT CARE		
PHYSICIANS' OFFICE VISITS		*$3 co-payment per visit
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*$3 co-payment per visit
LABORATORY AND X-RAY SERVICES		*$3 co-payment per visit
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*Covered in full
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*$3 co-payment per visit
ROUTINE PEDIATRIC (WELL-BABY) CARE		*$3 co-payment per visit
IMMUNIZATIONS		*$3 co-payment per visit
ROUTINE HEARING EXAMINATIONS		*$3 co-payment per visit
VISION CARE		*$3 co-payment per visit
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	**Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	ALCOHOL ABUSE	**Covered in full—60 visit combined annual maximum for drug and/or alcohol treatment
	MENTAL HEALTH	*Covered in full—up to 20 visits per member per contract year ($3 co-payment per visit)
IN-PATIENT	DRUG ABUSE	**Detoxification, rehabilitation—covered in full—30 day annual maximum
	ALCOHOL ABUSE	**Covered in full—7 days detoxification, 30 days rehabilitation per year
	MENTAL HEALTH	*Covered in full—30 day maximum per year
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*$3 co-payment per visit
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER & NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		*Covered in full
SKILLED NURSING FACILITY		*Covered in full when medically appropriate
REHABILITATION		
PHYSICAL		*Covered in full—60 day maximum, in-patient and out-patient
SPEECH		*Evaluation only—covered in full
PHARMACY SERVICES		*See optional rider
FULL-TIME STUDENTS		*Covered to age 25

***When using WellCare physicians or referred by a WellCare physician.**
****When using WellCare physicians or referred by a WellCare physician or Employee Assistance Program (EAP).**

COMPARISON OF BENEFITS FOR RETIREES AND THEIR DEPENDENTS COVERED BY MEDICARE FOR NON—HMO AND HMO PLANS

Non HMO'S	Medicare Part B Deductible	Office Visit	X-Ray/Lab Test— Out-of-Hospital	Specialist Consultations— Out-of-Hospital	Radiation Therapy
GHI-CBP/ Blue Cross	Reimburses the $75 if met by the following services: in-hospital medical care, out-patient surgery.	None.	None.	None.	None.
GHI Type C/ Blue Cross	Reimburses the $75 if met by any covered services: in-hospital medical care or out-of-hospital medical care.	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of amount approved by Medicare.

ADDITIONAL BENEFITS COVERED UNDER BOTH GHI PLANS INCLUDE:
HOSPITALIZATION IS PROVIDED BY MEDICARE AND BLUE CROSS. FIRST 60 DAYS COVERED IN FULL, NEXT 180 DAYS PARTIALLY COVERED. OPTIONAL RIDER INCREASES COVERAGE TO 365 DAYS IN FULL.

HMO'S	Medicare Part B	Office Visit	X-Ray/Lab Out-Patient	Specialist Consultations— Out-of-Hospital	Radiation Therapy
HIP/Medicare Supplemental Program (Current Members Only)	No deductible.*	Covered in full.	Covered in full.	Covered in full.	Covered in full.
HIP VIP**	No deductible.	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Blue Cross HEALTHNET	No deductible.*	Covered in full with a $5 co-payment.	Covered in full.	Covered in full.	Covered in full.
Maxicare	No deductible.*	Covered in full.	Covered in full.	Covered in full.	Covered in full.
US Healthcare** NY and PA only. Not available to NJ or Conn. residents.	No deductible.	Covered in full with $2 co-payment.	Covered in full.	Covered in full.	Covered in full.
Mid-Hudson	No deductible.*	Covered in full with $3 co-payment.	Covered in full.	Covered in full.	Covered in full.
WellCare	No deductible.*	Covered in full with $3 co-payment.	Covered in full.	Covered in full.	Covered in full.
Sanus	No deductible.*	Covered in full with $5 co-payment.	Covered in full.	Covered in full.	Covered in full.
TOTAL HEALTH**	No deductible.	Covered in full.	Covered in full.	Covered in full.	Covered in full.
Med-Team	No deductible.*	Covered in full.	Covered in full.	Covered in full.	Covered in full.

ALL HMO PLANS INCLUDE ADDITIONAL BENEFITS PROVIDED IN FULL: SURGERY (IN AND OUT OF HOSPITAL), ANESTHESIA, IN-HOSPITAL CONSULTATIONS, IN-HOSPITAL MEDICAL CARE (EXCEPTION: MAXICARE, SEE BELOW NEXT PAGE), HOSPITALIZATION (EXCEPTION: MAXICARE, SEE BELOW NEXT PAGE).

*COVERAGE LEVELS INDICATED APPLY ONLY IF CARE IS PROVIDED OR AUTHORIZED BY A PARTICIPATING PHYSICIAN. IF A NON-PARTICIPATING PHYSICIAN IS USED, ONLY MEDICARE BENEFITS APPLY; MEDICARE DEDUCTIBLES, COINSURANCE PAYMENTS, AND EXCLUSIONS ARE IN EFFECT.

COMPARISON OF BENEFITS FOR RETIREES AND THEIR DEPENDENTS COVERED BY MEDICARE FOR NON—HMO AND HMO PLANS

Appliances	Ambulance Service	Private-Duty Nursing	Prescription Drugs	Out-of-Hospital Psychiatric Care	In-Patient Psychiatric Care
None.	None.	Reimburses 80% after $50 yearly Major Medical deductible. Subject to $5000 lifetime max.	Reimburses 80% after $50 yearly Major Medical deductible is met. Subject to $5000 lifetime max. Maintenance drugs: $5 co-pay per prescription. No deductible. No coinsurance.	Reimburses 20% of the amount approved by Medicare up to $250 per year ($500 lifetime max).	Reimburses 20% of the amount approved by Medicare
Reimburses 20% of the amount approved by Medicare subject to $25 family deductible per year. ($2,500 annual max per person, includes private-duty nursing and ambulance benefits).	Same as appliance coverage.	Reimburses 80% subject to same deductible and $2500 annual maximum per person as appliance coverage.	Not covered. Coverage available under optional rider. 80% reimbursed after $100 deductible is met; up to $2,500 per year. Maintenance drugs: $5 co-pay per prescription. No deductible no coinsurance.	None.	Reimburses 20% of the amount approved by Medicare.

SURGERY, IN-HOSPITAL SPECIALIST CONSULTATIONS, IN-HOSPITAL MEDICAL CARE, ANESTHESIA, AND *IN-HOSPITAL PSYCHIATRIC CARE* ARE REIMBURSED AT 20% OF THE AMOUNT APPROVED BY MEDICARE.

Appliances	Ambulance Service	Private-Duty Nursing	Prescription Drugs	Out-of-Hospital Psychiatric Care	In-Patient Psychiatric Care
Covered in full when obtained through designated appliance vendors under contract with HIP/HMO.	Covered in full.	In-hospital only. Covered in full when prescribed by a HIP physician or in a covered emergency.	Not covered. Full coverage available under optional drug rider.	One psychiatric assessment visit covered in full at HIP/HMO Mental Health Center and short term therapy through HIP Mental Health Service.	HIP will pay the deductible and co-payment not paid by Medicare up to Maximum 190 lifetime days.
Covered in full when obtained through designated appliance vendors under contract with HIP/HMO.	Covered in full.	In-hospital only. Covered in full when prescribed by a HIP physician or in a covered emergency.	When prescribed by HIP doctors and obtained from a HIP pharmacy; $4.00 co-payment (full coverage available under rider).	One psychiatric assessment and 20 out-patient visits per year covered in full at a HIP Mental Health Center.	Covered in full up to maximum of 190 lifetime days.
Covered in full.	Covered in full.	Covered in full	Coverage available under rider.	Covered in full up to 20 visits per year with $25 co-payment when authorized by a HEALTHNET physician.	Covered up to 30 days when admitted by a HEALTHNET physician.
Covered in full	Covered in full.	Covered in full.	In-hospital drugs covered in full; out-patient drugs covered under rider with $2.00 co-payment	When Maxicare provider is used a co-payment of $20 is required for the last 19 of the 20 allowable visits.	Covered in full for 190 days lifetime maximum when admitted by a Maxicare physician.
Covered in full when medically necessary and coordinated by U.S. Healthcare Home Care and your primary care physician.	Covered in full.	Covered in full.	In-hospital drugs covered in full; out-patient drugs covered under rider with $2.50 co-payment.	Covered for 20 visits, first 2 covered in full next 18 with a variable co-payment of $10–$25.	Covered in full for 190 days lifetime maximum when referred by primary care physician.
Covered in full.	Covered in full.	Covered in full.	In-patient covered in full; out-patient $3 co-payment per prescription.	Covered in full up to 20 visits per year with a $3 co-payment when authorized by a (MHP) physician.	Covered up to 30 days when admitted by (MHP) physician.
Covered in full.	Covered in full.	Covered in full.	In-hospital covered in full; out-patient $3 co-payment per prescription.	Covered in full up to 20 visits per year with a $3 co-payment when authorized by a (WCNY) physician.	Covered up to 30 days when admitted by a (WCNY) physician.
Covered in full.	If not an emergency, covered when authorized by a Sanus primary care physician and approved by a Sanus Medical Director.	Covered in full.	Coverage available under rider. ($50 deductible for non-mail service drugs per individual, per year with $3 co-pay per prescription. *Maintenance drugs filled at no charge.	Covered up to 20 visits per year with a 50% co-payment when authorized by a Sanus Medical Director.	Covered up to 30 days when admitted by a Sanus physician.
Covered in full.	Covered in full.	Covered in full.	In-hospital drugs covered in full; out-patient drugs not covered.	Covered for 20 visits; first 2 covered in full, next 18 with a variable co-payment of $10–$25.	Covered in full for 190 days lifetime maximum when using Total Health System.
Covered in full	Reimbursement based on mileage.	Covered in full after the first 72 hours when authorized by a Med-Team physician.	Available through DC-37 Health and Security Plan.	Not covered.	Covered when admitted by a Med-Team physician.

**MEDICARE RISK HEALTH PLANS: SEE DEFINITIONS SECTION IN FRONT OF BOOKLET FOR FURTHER EXPLANATION.
MAXICARE—IN-HOSPITAL MEDICAL CARE AND HOSPITALIZATION ARE COVERED IN FULL FOR 90 DAYS PER CONFINEMENT. SIXTY MEDICARE LIFETIME RESERVE DAYS ARE COVERED IN FULL.
NOTE: ALL MEDICAL CARE MUST BE AUTHORIZED BY THE HMO PLAN PHYSICIAN IN ORDER TO BE COVERED IN FULL, EXCEPT IN EMERGENCY CARE SITUATIONS.

Optional Benefits Riders

The following plans have no payroll or pension deductions for basic coverage: GHI-CBP/Blue Cross, GHI Type C/Blue Cross, HIP/HMO, Med-Plan, Med-Team and Metropolitan Health Plan.

The Optional Benefits Rider for each of these plans is described below along with the costs associated with the rider. The cost of the rider is deducted from your payroll or pension check. You may select the rider that is applicable for your basic coverage (for example, if you have selected HIP/HMO, you are eligible for the HIP/HMO Optional Rider only).

Your union welfare fund may be providing benefits similar to some (or all) of those contained in the riders. Each rider is a package. You may not select individual benefits in the rider. If your welfare fund provides benefits similar to those listed in the rider you have selected, those specific benefits will be provided only by your welfare fund and will not be available through the health plan rider. In those cases payroll and pension deductions will be adjusted accordingly.

Please note: Med-Team is not included here because it does not offer an optional rider.

	COSTS									
	Monthly		Bi-Weekly		Semi-Monthly		Weekly		Monthly	
GHI-CBP/OPTIONAL RIDER— (WITH BLUE CROSS)	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Medicare Eligible Retirees (per person)	
Prescription Drugs—80% of reasonable and customary charges (subject to separate annual $100 deductible, $300 per family). Maintenance Drugs: $5 co-payment/prescription. No deductible or co-insurance	$ 7.72	$14.15	$ 3.55	$ 6.51	$ 3.86	$ 7.08	$ 1.78	$ 3.26	Covered Under Basic Plan	
365-Day Blue Cross Hospitalization	$ 3.65	$ 8.52	$ 1.69	$ 3.95	$ 1.82	$ 4.26	$ .85	$ 1.98	$ 2.51	
$250 Maximum Co-payment. After Major Medical deductible has been met, CBP pays 80% of scheduled allowance. Once a member's 20% co-payment reaches $250, plan pays 100% of scheduled allowance. This benefit thus reduces the $2,000 co-payment requirement to a $250 co-payment requirement.	$ 1.19	$ 2.55	$ .55	$ 1.17	$ .60	$ 1.28	$ .27	$ .59	Not Available	
Alcoholism Treatment and Out-patient Psychiatric Care. Alcoholism: Full Blue Cross coverage for 5 additional days in-patient detoxification and up to 30 days rehabilitation per calendar year in an approved in-patient treatment facility.	$ .22	$ .47	$ .10	$ .22	$ .11	$ .24	$ .05	$ .11	Not Available	
Psychiatric: 50% of submitted charge up to maximum payment of $30 per visit; $700 annual maxiumum; $2,500 lifetime maximum.	$ 4.15	$ 6.38	$ 1.91	$ 2.94	$ 2.08	$ 3.19	$ .96	$ 1.47		
Blue Cross coverage for unmarried full-time dependent students up to age 23.	—	$ 1.49	—	$ .69	—	$ .75	—	$ .34	Not Available	
Newborn well-baby care (out-of-hospital maximum 5 visits before age 1).	—	$ .15	—	$ .07	—	$ .08	—	$ .03	Not Available	
TOTAL	$16.93	$33.71	$ 7.80	$15.55	$ 8.47	$16.88	$ 3.91	$ 7.78	$ 2.51	

	COSTS									
	Monthly		Bi-Weekly		Semi-Monthly		Weekly		Monthly	
GHI TYPE C/OPTIONAL RIDER— (WITH BLUE CROSS) (Rates are also applicable to Medicare eligible retirees)	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Medicare Eligible Retirees (per person)	
Prescription Drugs—80% of reasonable and customary charges after $100 deductible, $300 per family. $2,500 annual maximum. Maintenance Drugs: $5 co-payment/prescription No deductible or coinsurance.	$12.68	$24.83	$ 5.84	$11.43	$ 6.34	$12.42	$ 2.92	$ 5.71	$12.68	
365 Day Blue Cross Hospitalization	$ 3.65	$ 8.52	$ 1.69	$ 3.95	$ 1.82	$ 4.26	$ .85	$ 1.98	$ 2.51	
TOTAL	$16.33	$33.35	$ 7.53	$15.38	$ 8.16	16.68	$ 3.77	$ 7.69	$15.19	

Example of Calculation of Payroll Deduction

Ms. Manhey selects GHI-CBP with the GHI-CBP optional rider (family coverage) and her welfare fund provides a prescription drug plan and 365 days of hospitalization. Her optional rider will consist of all the optional rider benefits minus the drug and 365-day hospital coverage. (She will obtain drug and additional hospital benefits through her fund). Her payroll deduction for the rider will be decreased by the cost of drug coverage and the cost of additional hospital days.

GHI-CBP Optional Rider Cost

Bi-weekly	**Family**
TOTAL COST	$ 15.55
Prescription drugs	$ 6.51
365 day hospital	$ 3.95
Her cost	$ 5.09

Therefore, her bi-weekly payroll deduction will be $5.09.

	COSTS									
	Monthly		**Bi-Weekly**		**Semi-Monthly**		**Weekly**		**Monthly**	
	Individual	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Medicare Eligible Retirees Supplemental Program Current Member Only**	**HIP VIP Program**
HIP/HMO-OPTIONAL RIDER PRESCRIPTION DRUGS	$8.73	$23.57	$4.01	$10.85	$4.36	$11.78	$2.01	$5.43	$17.57	No Cost
APPLIANCES and PRIVATE DUTY NURSING	$ .25	$ .67	$ .12	$ .31	$ .13	$ .34	$ .06	$ .15	Covered Under Basic Plan	No Cost
TOTAL	$8.98	$24.24	$4.13	$11.16	$4.49	$12.12	$2.07	$5.58	$17.57	No Cost

	COSTS								
	Monthly		**Bi-Weekly**		**Semi-Monthly**		**Weekly**		**Monthly**
	Individual	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Medicare Eligible RETIREE (per person)**
MED-PLAN PRESCRIPTION DRUGS	$8.73	$23.57	$4.01	$10.85	$4.36	$11.78	$2.01	$5.43	Not Covered
APPLIANCES and PRIVATE DUTY NURSING	$ .25	$ .67	$ .12	$ .31	$ .13	$ .34	$ .06	$ .15	Not Covered
TOTAL	$8.98	$24.24	$4.13	$11.16	$4.49	$12.12	$2.07	$5.58	
METROPOLITAN HEALTH PLAN PRESCRIPTION DRUGS	$8.73	$23.57	$4.01	$10.85	$4.36	$11.78	$2.01	$5.43	Not Covered
APPLIANCES and PRIVATE DUTY NURSING	$ .25	$ .67	$ .12	$ .31	$ .13	$ .34	$ .06	$ .15	Not Covered
TOTAL	$8.98	$24.24	$4.13	$11.16	$4.49	$12.12	$2.07	$5.58	

BASIC PLAN AND OPTIONAL RIDER COSTS

There are payroll and pension deductions for basic benefits for Sanus, TOTAL HEALTH, WellCare, Mid-Hudson Health Plan, Blue Cross HEALTHNET, HIP CHOICE, Maxicare and US Healthcare.

The Optional Benefit Rider for each of these plans consists of only a Prescription Drug Plan. Each drug plan and its cost is described below. If there is a cost for the basic coverage on your plan and you choose the Optional Benefit Rider, your payroll or pension deduction will reflect the sum of two costs. If your union's welfare fund provides prescription drug benefits, *do not choose* the Optional Benefit Rider. Payroll or pension deductions will not be adjusted automatically to account for a union welfare fund drug benefit.

Payroll and pension deductions are tied to the rate the City pays to HIP/HMO. The rates described below are in effect until June 30, 1988.

	COSTS								
	Monthly		Bi-Weekly		Semi-Monthly		Weekly		Monthly
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Medicare Eligible Retiree (per person)
MAXICARE									
BASIC PLAN	10.65	31.99	4.90	14.72	5.33	16.00	2.45	7.36	No Cost
OPTIONAL RIDER	5.70	15.51	2.62	7.14	2.85	7.76	1.31	3.57	30.52
TOTAL	16.35	47.50	7.52	21.86	8.18	23.76	3.76	10.93	30.52
SANUS									
BASIC PLAN	4.00	15.52	1.84	7.14	2.00	7.76	0.92	3.57	3.76
OPTIONAL RIDER	2.35	6.51	1.08	3.00	1.18	3.26	0.54	1.50	16.35
TOTAL	6.35	22.03	2.92	10.14	3.18	11.02	1.46	5.07	20.11
TOTAL HEALTH CARE									
BASIC PLAN	2.26	8.50	1.04	3.91	1.13	4.25	0.52	1.96	No Cost
OPTIONAL RIDER	5.75	15.74	2.65	7.24	2.88	7.87	1.32	3.62	Not Available
TOTAL	8.01	24.24	3.69	11.15	4.01	12.12	1.84	5.58	No Cost
US HEALTHCARE									
BASIC PLAN	4.92	4.96	2.26	2.28	2.46	2.48	1.13	1.14	No Cost
OPTIONAL RIDER	7.00	17.90	3.22	8.24	3.50	8.95	1.61	4.12	43.00
TOTAL	11.92	22.86	5.48	10.52	5.96	11.43	2.74	5.26	43.00
MID-HUDSON HEALTH PLAN									
BASIC PLAN	7.31	12.70	3.36	5.85	3.66	6.35	1.68	2.92	4.52
OPTIONAL RIDER	6.75	17.55	3.11	8.08	3.38	8.78	1.55	4.04	Cost in Basic
TOTAL	14.06	30.25	6.47	13.93	7.04	15.13	3.23	6.96	4.52
WELLCARE									
BASIC PLAN	8.48	15.74	3.90	7.24	4.24	7.87	1.95	3.62	4.52
OPTIONAL RIDER	6.28	16.31	2.89	7.51	3.14	8.16	1.45	3.75	Cost in Basic
TOTAL	14.76	32.05	6.79	14.75	7.38	16.03	3.40	7.37	4.52
BLUE CROSS HEALTHNET									
BASIC PLAN	16.15	30.49	7.43	14.03	8.08	15.25	3.72	7.02	21.56
OPTIONAL RIDER	7.87	17.15	3.62	7.89	3.94	8.58	1.81	3.95	32.38
TOTAL	24.02	47.64	11.05	21.92	12.02	23.83	5.53	10.97	53.94

									Monthly Medicare Eligible Retirees	
									Supplemental Program Current Members Only	HIP VIP Program
HIP CHOICE										
BASIC PLAN	6.83	18.35	3.14	8.45	3.42	9.18	1.57	4.22	No Cost	No Cost
OPTIONAL RIDER	8.84	23.86	4.07	10.98	4.42	11.93	2.04	5.49	$24.01	No Cost
TOTAL	15.67	42.21	7.21	19.43	7.84	21.11	3.61	9.71	$24.01	No Cost

The HIP/HMO rate is due to change in July, 1988. However, at this time, we do not know this rate. Since the aforementioned HMO payroll deductions are tied into the HIP rate, we are unable to provide you with the actual July, 1988 payroll deduction amounts for these HMO'S. Note: Current enrollees of US Healthcare, Blue Cross HEALTHNET, Maxicare and Mid-Hudson Health Plan will receive a refund in December 1987 for over deductions taken from July 1, 1987 through December 30, 1987 as a result of a retroactive rate increase granted to HIP/HMO.

The following section will provide you with some assistance in estimating payroll deduction rates for *July 1, 1988–June 30, 1989*

If the HIP/HMO July 1, 1988 rate increase is higher than the rate requested by the plan you enroll in, your payroll or pension deductions will decrease. If the HIP/HMO rate increase is lower than the rate requested by your plan, your payroll or pension deductions will increase. The following historical data is presented to provide you with some basis for determining your future payroll deductions although we have no way of knowing what will eventually be the outcome.

Contract

Fiscal Year July 1–June 30	**Rate Increase**
1987/1988	9.1%
1986/1987	4.3%
1985/1986	9.4%
Average Increase	7.6%

The comparison chart shown below illustrates a variety of payroll deductions possible with a specific HIP/HMO rate request. We have provided examples of four different HIP rates and what the payroll deductions for other plans will be at those rates.

COMPARISON CHART

Assuming Rate increase of 4 or 6%, when under the following plans, effective July 1, 1988 through June 30, 1989, your payroll deductions will be as follows:

We have included proposed rate projections for these four plans. Rates are subject to NYS Insurance Department approval.

If the July 1, 1988 HIP/HMO rate increase is:	**Blue Cross HEALTHNET**		**US Healthcare**		**Sanus**		**WellCare (approx.) 15%**	**Maxicare No rate increase**	**Mid-Hudson (approx.) 3.7%**	**TOTAL HEALTH (approx.) 4.5%**
	4%	**6%**	**4%**	**6%**	**4%**	**6%**				
	Ind./ Fam.	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**	**Ind./ Fam.**
5%	16.17 30.02	17.74 34.01	4.49 3.47	5.84 6.94	3.53 14.45	4.86 18.14	16.91 33.34	7.52 23.54	6.96 10.49	2.06 8.05
6%	15.55 28.33	17.12 32.32	3.87 1.78	5.22 5.25	2.91 12.76	4.24 16.45	16.29 31.65	6.90 21.85	6.34 8.83	1.44 6.36
7%	14.92 26.64	16.49 30.63	3.24 0.00	4.59 3.56	2.28 11.07	3.61 14.76	15.66 29.96	6.27 20.16	5.71 7.11	0.81 4.67
8%	14.29 24.95	15.86 28.94	2.61 0.00	3.96 1.87	1.65 9.38	2.98 13.07	15.03 28.27	5.64 18.47	5.08 5.42	0.18 2.98

PLACE
POSTAGE
HERE

The City of New York

Employee Benefits Program
110 Church Street, 12th Fl.
New York, N.Y. 10007

This Card for Retirees Only. Active Employees Can Obtain Forms from their Agency Personnel or Payroll Office.

SPECIAL INSTRUCTIONS FOR RETIREES WHO WISH TO MAKE A CHANGE DURING THE TRANSFER PERIOD.

Retirees who receive City pension checks who wish to change their choice of health plan may request a Membership Application (Form P2r) for this purpose by returning the postcard above with their name and address to the Employee Benefits Program. All requests for forms received before January 31, 1988 will be honored and the transfers processed when the completed form is received by the Employee Benefits Program.

Retirees of cultural institutions, libraries, or the Fashion Institute of Technology, and retirees who receive TIAA/CREF pensions who wish to transfer should contact their former employer for a Health Insurance Application Form (P2r). *Do not send in the postcard above.*

Please print your name and address clearly. The postcard will be used as a mailing label to return the Application Form to you.

I WANT TO CHANGE FROM MY PRESENT CITY HEALTH INSURANCE COVERAGE TO A DIFFERENT PLAN (OR ADD OPTIONAL RIDER COVERAGE) EFFECTIVE APRIL 1, 1988.

PLEASE SEND ME THE REQUIRED APPLICATION FORM.

(NOTE: DO NOT RETURN THIS CARD UNLESS YOU WISH TO MAKE A CHANGE)

Please PRINT your name, address and pension number neatly in the space below.

Retiree Pension
Number _____

_____

_____

_____

This Card for Retirees Only. Active Employees Can Obtain Forms from their Agency Personnel or Payroll Office.

Plaut Mailing Service
18 West 21st Street, 9th Fl.
New York, N.Y. 10010
Attention: Mr. Henry Stern